Fertility Treatment Benefit

Implementation Cost Analysis

Engrossed Substitute Senate Bill 5693; Sections 211(109)(d) and 139(8); Chapter 297; Laws of 2022

June 30, 2023

Executive summary

This report is required by a Health Care Authority budget proviso in Engrossed Substitute Senate Bill (ESSB) 5693 (2022), Section 211(109) and a companion budget proviso in the Office of the Insurance Commissioner's appropriation at section 139(8).

The proviso language at Section 211(109) reads as follows:

> (a)$200,000 of the general fund—state appropriation for fiscal year 2023 is provided solely for the authority, in consultation with the office of the insurance commissioner, to complete an analysis of the cost to implement a fertility treatment benefit as described in the department of health's December 2021 mandated benefit sunrise review.
> (b) The authority must contract with one or more consultants to:
> (i) Obtain utilization and cost data from the state to provide an estimate of aggregate utilization and cost impacts of fertility treatment coverage for medicaid recipients, expressed as total annual cost and as a per member per month cost for plan years 2024 through 2027; and
> (ii) Obtain utilization and cost data from the public employees benefits board and school employees benefits board programs to provide an estimate of aggregate utilization and cost impacts of fertility treatment coverage, expressed as total annual cost and as a per member per month cost for plan years 2024 through 2027.
> (c) The analysis must include, but is not limited to, a utilization and cost analysis of each of the following services:
> (i) Infertility diagnosis;
> (ii) Fertility medications;
> (iii) Intrauterine insemination;
> (iv) In vitro fertilization; and
> (v) Egg freezing.
> (d) The authority must report the findings of the analysis to the governor and appropriate committees of the legislature by June 30, 2023.

The Health Care Authority (HCA), in consultation and financial partnership with the Office of the Insurance Commissioner (OIC), contracted with the actuarial firm, Milliman, Inc. to produce this report. The report includes analysis of utilization and cost data and an estimated cost analysis to implement a fertility treatment benefit per the Department of Health's (DOH's) sunrise review for Washington Apple Health (Medicaid), Employee and Retiree Benefits (ERB) programs and fully-insured commercial health plans. The benefit cost is expressed as both a total annual cost and as a per member per month cost for plan years for 2024–2027.

The report includes information regarding anticipated health plan costs and service utilization and cost analysis for each of the following services:

- Infertility diagnosis
  - Non-Assisted Reproductive Technology (NART) treatments

- o Assisted Reproductive Technologies (ART)
- o Fertility preservation for patients at risk for medically induced (iatrogenic) infertility

- Fertility medications

For the analysis, please see the attached full report prepared by Milliman, Inc.

If the legislature directs HCA to implement a new fertility benefit, the implementation process will be specific to the line of business.

For Apple Health, any new legislatively mandated benefit must be implemented in a way that is consistent with existing state and federal laws and rules governing Medicaid coverage. Adding fertility treatment and fertility preservation benefits will require:

- Washington Administrative Code (WAC) revisions, and
- CMS-approved Medicaid state plan amendments to obtain federal match funding.

For Employee and Retiree plans, HCA would use an existing standard process for implementing a new benefit. Every year, HCA conducts a Request for Renewal (RFR) process for both fully insured health plans and self-insured third-party administrators. This annual RFR process enables PEBB and SEBB to adjust benefits, including adding new legislatively mandated benefits. Each health plan will respond with a detailed proposal about how it intends to implement the benefit adjustments and identify possible changes to timelines and resources as a result.

With respect to the fully-insured commercial health plan market, legislation mandating coverage of fertility services was introduced during the 2023 legislative session (HB 1151 and SB 5204) but was not enacted. SSB 5338 directs the Office of the Insurance Commissioner to undertake a review of the state's Essential Health Benefits (EHB) benchmark plan and determine whether to request approval from the federal government to update that health plan. The EHB benchmark plan defines the minimum benefits for health plans sold in the individual and small group health insurance markets. The legislation directed OIC's review of various health services, including fertility services, for inclusion in an updated EHB benchmark plan.

Mandated Fertility Benefits in Washington State

June 30, 2023

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Milliman

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Introduction

Per Engrossed Substitute Senate Bill 5693, the Health Care Authority (HCA) and the Office of the Insurance Commissioner (OIC) have been directed to complete an analysis of the cost to implement a fertility treatment benefit as described in the Department of Health's mandated benefit sunrise review[1] from December 2021. This benefit review covers a proposed mandated benefit which would require insurance plans in Washington State to cover "the diagnosis of infertility, treatment for infertility, and standard fertility preservation services", as well as up to four oocyte retrievals and associated embryo transfers beginning January 1, 2024. The mandated benefit sunrise review covers current availability and usage of fertility and infertility services in Washington State, described in the executive summary as follows:

> *Insurance plans examined by the Department of Health on the State's Health Benefits Exchange generally did not include coverage for fertility treatments. Out-of-pocket costs for the diagnosis and treatment of infertility and fertility preservation services are generally expensive, easily reaching tens of thousands of dollars. The mandated benefit proposed would likely result in increased costs to the state, insurance carriers, and plan holders in the form of higher premiums. However, mandated coverage for infertility treatments may also decrease out-of-pocket costs for patients and allow for better quality care and more informed decision-making.*

This report contains utilization and cost projections in Washington State if this fertility benefit mandate were to become effective January 1, 2024 and documents the development of these projections. Firstly, this report describes the proposed benefit changes under consideration. Then, it summarizes current and recent developments in fertility benefit coverage in other states. Finally, it describes the methodology, assumptions, and data used in the development of the utilization and cost projections of the fertility benefit mandate. Projection results are contained in the exhibits attached to the end of this report, and are split between Apple Health (Medicaid) recipients, Public Employee Benefits Board (PEBB) and School Employee Benefits Board (SEBB) coverage, and the commercial health plan market.

HCA and OIC requested Milliman to prepare these utilization and cost projections of fertility and infertility services described in this report. This report does not include any policy recommendations. Instead, it contains utilization and cost projections based on the set of data and assumptions used. To the extent that the assumptions underlying these projections are revised throughout the course of the bill development, these projections may likewise become inappropriate to use for policy planning purposes.

WHAT IS INFERTILITY?

The Centers for Disease Control (CDC) provide basic understanding of infertility in the US as "*not being able to get pregnant (conceive) after one year (or longer) of unprotected sex*"[2]. Infertility is not an uncommon problem, affecting approximately 19% of women ages 15 to 49 in the US. Infertility is caused by many different underlying problems and may affect both men and women. Some couples, including same-sex couples, may also require outside assistance to conceive and have children, regardless of underlying issues. Iatrogenic infertility refers to infertility caused directly or indirectly by surgery, chemotherapy, radiation, or other medically necessary treatment. A variety of services may be engaged to evaluate infertility in patients with health insurance coverage and subsequent treatments, including surgical procedures, laboratory testing and drugs, may be necessary to effectively treat the different causes.

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[1] Ashley A. Noble, JD, MPIA and Umair A. Shah, MD, MPH. *Mandated Benefit Review: Infertility Treatment*, Publication Number 120-055. December 2021, Washington State Department of Health

[2] https://www.cdc.gov/reproductivehealth/infertility/index.htm

Executive Summary

The proposal under consideration for this report would require health insurers in Washington State to provide coverage of several infertility and fertility benefit categories beginning January 1, 2024. Based on communications with RESOLVE: The National Infertility Association[3], HCA and OIC requested that these benefit categories include at least the following detail:

1. Infertility diagnostics accepted as standard of care.

2. Non-Assisted Reproductive Technology (NART) treatments. This includes:

    o ovulation induction

    o intrauterine insemination

    o all other fertility-related non-diagnostic services not specifically mentioned elsewhere

3. Assisted Reproductive Technologies (ART). This includes:

    o in vitro fertilization (IVF), considering separately the cost of IVF retrieval cycles with or without fresh embryo transfer, versus frozen embryo transfers

    o preimplantation screening testing for embryo aneuploidy (PGT-A) as well as preimplantation genetic testing for genetic carrier (PGT-M or PGT-SR)

    o donor sperm, donor oocytes, and/or donor embryos

4. Fertility preservation for patients at risk for medically induced (iatrogenic) infertility. This includes cryopreservation for the following:

    o oocytes

    o embryos

    o sperm

    o ovarian tissues

5. Fertility medication.

We relied on RESOLVE's descriptions[4] of these benefit categories for the scope of services considered in the development of Milliman's utilization and cost analysis. We used these benefit categories and guidance from RESOLVE to develop lists of International Classification of Diseases (ICD-10) diagnosis codes, ICD-10 procedure codes, Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes, and National Drug Code (NDC) codes to identify patient populations and related services for these benefit categories in historical medical and pharmacy claims data. These code lists are provided in Appendices B, C, and D. Due to the large number of NDCs used to identify fertility medications (about 3,000 codes), we summarized the list in Appendix C to include drug class and drug names instead of NDC.

Five benefit categories based on the RESOLVE guidance are included in the projection results. These five categories are: infertility diagnosis, ART, NART, fertility preservation, and fertility medications. The use of donor gametes is a typical procedure accompanying an in-vitro fertilization (IVF) cycle, so the cost associated with retrieval and use of donor gametes is included as part of the ART benefit category.

Ancillary related costs for care received on the same day as specified fertility-related services are also included. For this analysis we assume that if the patient receives care on the same day as one of these fertility treatments, that care is related to the fertility benefit and thus is included. For example, a patient may have an anesthesia claim accompanying their fertility-related procedure, so the cost of the anesthesia is included in the total cost for the

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[3] https://resolve.org/

[4] Refer to Appendix D for RESOLVE's benefit category description.

member for the purpose of this report. The list of fertility benefits for which ancillary related costs on the same day are included are provided in Appendices B, C, and D.

Fertility preservation includes cost associated with the retrieval of the oocyte and/or sperm plus the cost of storing the samples. Other states' data were used as the basis for the fertility preservation projection, so the implicit assumption is that the potential preservation policy in WA would be comparable to that in other states.

This report does not address the additional costs associated with pregnancy or delivery care that may result from these treatments.

Table 1 below illustrates member month and cost (per member per month [PMPM] and in total) projections by line of business for calendar year (CY) 2024. Incremental costs are defined as additional cost projection resulting from the fertility benefit mandate, above the status quo costs in Washington State based on current benefit coverage. Summaries for CY 2025 – 2027 and detailed summaries by age band, gender, fertility benefit category, and line of business can be found in Appendix A.

Table 1 - Summary of 2024 Projections

Line of Business	2024 Projections			Status Quo PMPM	Status Quo Total Cost	Incremental Change PMPM	Incremental Change Total
	Member Months	Total Benefit PMPM	Total Benefit Cost				
WA State Medicaid	21,490,722	$1.05	$22.62 M	$0.00	$0.01 M	$1.05	$22.61 M
PEBB - UMP	2,587,062	$3.48	$9.01 M	$0.03	$0.07 M	$3.46	$8.94 M
PEBB - Non-UMP	933,647	$3.64	$3.40 M	$0.01	$0.01 M	$3.63	$3.39 M
SEBB - UMP	1,368,432	$3.51	$4.81 M	$0.02	$0.03 M	$3.49	$4.78 M
SEBB - Non-UMP	1,892,940	$4.03	$7.62 M	$0.03	$0.06 M	$3.99	$7.56 M
Individual	2,706,219	$4.93	$13.35 M	$0.01	$0.02 M	$4.93	$13.33 M
Small Group	3,699,925	$1.96	$7.25 M	$0.21	$0.76 M	$1.76	$6.49 M
Large Group - Fully Insured	5,212,604	$4.06	$21.16 M	$0.62	$3.23 M	$3.44	$17.93 M
Large Group - Self-Funded	20,258,583	$2.31	$46.83 M	$0.24	$4.94 M	$2.07	$41.88 M

- Costs reported are net of assumed cost sharing.

List of Appendices

Appendix A – Utilization and cost projection summaries:

- Exhibit 1a: Summary by line of business (Adjusted for Approximate Member Cost Sharing)

- Exhibit 1b: Summary by line of business (Allowed Costs)

- Exhibit 2: Summary by line of business and fertility benefit category

- Exhibit 3a: Summary by age band, gender, fertility benefit category, and major line of business for Washington State Medicaid population

- Exhibit 3b: Summary by age band, gender, fertility benefit category, and major line of business for Washington State PEBB and SEBB populations

- Exhibit 3c: Summary by age band, gender, fertility benefit category, and major line of business for Washington State commercial populations

Appendix B – ICD 10 diagnosis codes related to fertility services used to identify target population and project costs.

Appendix C – ICD 10 procedure codes and HCPCS related to fertility services used to identify target population and project costs.

Appendix D – Fertility medications.

Appendix E – Flowchart of methodology.

Appendix F – RESOLVE benefit category descriptions.

National landscape for proposed benefits

Mandated coverage for fertility treatment benefits can be categorized into three main components – infertility treatment, IVF, and fertility preservation. According to RESOLVE[5], there are 20 states with fertility insurance coverage laws. Among those states, 14 include IVF coverage and 12 include fertility preservation coverage. In many cases, plan design characteristics such as cost sharing mechanisms must align with the same restrictions that apply to other, non-infertility-related benefits; common deviations from this include limitations on coverage for infertility benefits in specific circumstances, such as a lifetime benefit limit on IVF services.

We relied on utilization and cost data from states with an effective fertility benefit mandate to inform the projections. We reviewed the national landscape for proposed fertility treatment benefits to better understand the types of services offered in other states, considering benefit mandate effective dates, covered services, and covered populations when selecting the states to include in our analysis. Please refer to the 'Data, Assumptions, and Methodology' section for the list of states included in the analysis.

State of Washington key population metrics

We reviewed historical population data in Washington State separately for each line of business within the scope of this analysis to better understand the profiles of enrollees who may be impacted by the fertility benefit mandate. We used historical Medicaid, PEBB, and SEBB enrollment data to produce summaries of enrollees by a variety of demographics including age band, gender, and urban versus rural areas. The utilization and cost of fertility benefits may vary by these demographic categories, so it is important to include this detail in the analysis.

Included below are several select summaries of historical enrollment counts for the Medicaid, PEBB/SEBB, and Commercial lines of business. The enrollment tables summarize member months, which counts each member once for each month they are enrolled. For example, an individual Medicaid beneficiary enrolled for only 6 months of calendar year 2022 would contribute a count of 6 member months to the total, while another individual enrolled for the full year would contribute 12 months.

COVERED POPULATIONS

Medicaid

Historical enrollment for the Washington State Medicaid program is based on 2020 – 2022 eligibility data provided by HCA every month. Table 2 summarizes the historical and projected member months by age band, gender, and year. The projected member months reflect the impact of enrollment redeterminations due to the ending of the Public Health Emergency (PHE) as of May 11, 2023. We reviewed historical enrollment growth for the managed care population prior to the PHE and assuming that consistent growth rate, we estimated 2024 enrollment to return to levels similar to 2020 after enrollment redeterminations. The fee-for-service population was not affected by the PHE, so we relied on historical growth rates for that population. For years 2025 – 2027, we assumed a 1% growth rate based on statewide population projections from the Washington Office of Financial Management (OFM)[6]. In general, the projected enrollment is higher than the February 2023 enrollment forecast from the Washington State Caseload Forecast Council (CFC)[7]. We assume a lower rate of disenrollments compared to the CFC forecast, consistent with the actuarial support provided to HCA for Medicaid services.

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[6] https://ofm.wa.gov/washington-data-research/population-demographics/population-forecasts-and-projections/state-population-forecast

[7] https://www.cfc.wa.gov/Data_Warehouse.htm

Table 2 - Washington Medicaid Enrollment Summaries

Gender	AgeBand	Historical			Projected			
		2020	*2021*	*2022*	*2024*	*2025*	*2026*	*2027*
F	Under Age 18	4,682,860	4,850,790	4,949,992	4,266,973	4,308,983	4,351,409	4,394,256
F	Ages 18 to 24	1,233,257	1,385,450	1,475,827	1,272,013	1,284,542	1,297,195	1,309,974
F	Ages 25 to 29	926,439	1,049,296	1,122,341	966,881	976,420	986,054	995,783
F	Ages 30 to 34	843,093	986,408	1,088,165	937,656	946,899	956,234	965,662
F	Ages 35 to 39	703,713	809,068	883,799	761,607	769,113	776,694	784,350
F	Ages 40 to 44	533,213	634,544	712,669	614,333	620,381	626,489	632,658
F	Ages 45 to 49	444,208	494,497	536,465	462,528	467,079	471,675	476,316
F	Ages 50 to 54	441,457	497,137	533,431	459,969	464,492	469,061	473,675
F	Ages 55 and Over	1,562,883	1,702,696	1,819,254	1,568,326	1,583,763	1,599,353	1,615,098
M	Under Age 18	4,917,286	5,095,944	5,197,074	4,479,691	4,523,803	4,568,353	4,613,346
M	Ages 18 to 24	939,288	1,099,155	1,214,741	1,047,461	1,057,762	1,068,166	1,078,672
M	Ages 25 to 29	648,969	757,977	815,873	703,418	710,340	717,329	724,389
M	Ages 30 to 34	629,989	754,147	844,421	728,079	735,241	742,475	749,780
M	Ages 35 to 39	554,861	648,968	716,024	617,509	623,579	629,709	635,900
M	Ages 40 to 44	452,865	543,443	612,970	528,753	533,947	539,192	544,489
M	Ages 45 to 49	390,766	435,029	476,056	410,630	414,665	418,739	422,853
M	Ages 50 to 54	417,746	472,713	500,836	431,963	436,208	440,495	444,824
M	Ages 55 and Over	1,186,382	1,321,609	1,429,904	1,232,934	1,245,062	1,257,309	1,269,679
	Total	**21,509,275**	**23,538,871**	**24,929,842**	**21,490,722**	**21,702,277**	**21,915,930**	**22,131,704**

Employee and Retiree Benefits Programs

Similar to Medicaid, we also summarized historical enrollment under the PEBB and SEBB programs that will be eligible to receive the fertility benefit. Table 3 below details historical and projected member month enrollment estimates for the PEBB Non-Uniform Medical Plan (UMP) population by gender and age band. The historical estimate of 2022 is based on data through 2022Q4. This summary also excludes PEBB Medicare Advantage plan members. Total plan-level enrollment projections were based on the FY23 Final PEBB Financial Projection Model, delivered to HCA on February 17, 2023. We used total enrollment projections at the plan level and applied the actual 2022 enrollment mix by gender and age band to calculate estimated member months in the 2024 – 2027 projection period.

Table 3 does not contain retirees age 65 or above, at HCA's request. These members do not represent a material impact to cost for fertility benefits, and MA and Medigap plans follow federal policies regarding covered services, which may not align with those included in this report. The SEBB program does not include retirees.

Table 3 - PEBB Non-UMP (Fully Insured) Enrollment Summaries

Gender	AgeBand	Historical				Projected			
		2019	2020	2021	2022	2024	2025	2026	2027
F	Under Age 18	99,188	94,712	88,836	79,450	91,494	92,146	92,788	93,421
F	Ages 18 to 24	52,369	49,535	46,123	41,037	47,301	47,642	47,978	48,310
F	Ages 25 to 29	34,686	34,187	30,807	28,173	33,169	33,401	33,629	33,854
F	Ages 30 to 34	40,232	39,821	38,114	35,596	41,763	42,050	42,333	42,611
F	Ages 35 to 39	43,109	42,111	40,938	38,029	44,102	44,410	44,714	45,013
F	Ages 40 to 44	40,440	39,729	38,526	36,651	42,263	42,570	42,872	43,170
F	Ages 45 to 49	40,918	38,623	36,598	33,963	39,064	39,350	39,633	39,912
F	Ages 50 to 54	39,945	39,101	37,322	34,731	39,823	40,116	40,404	40,689
F	Ages 55 and Over	115,826	108,424	100,574	89,938	121,670	128,993	136,366	143,786
M	Under Age 18	103,452	98,270	92,533	82,781	95,382	96,062	96,733	97,394
M	Ages 18 to 24	51,145	47,628	44,600	39,607	45,514	45,846	46,173	46,496
M	Ages 25 to 29	26,423	25,929	23,701	22,184	25,996	26,176	26,353	26,528
M	Ages 30 to 34	32,187	31,603	30,231	27,839	32,592	32,815	33,035	33,251
M	Ages 35 to 39	35,364	34,621	33,244	31,530	36,537	36,794	37,047	37,296
M	Ages 40 to 44	33,832	33,063	32,329	30,436	35,040	35,286	35,528	35,767
M	Ages 45 to 49	36,125	33,523	31,542	29,045	33,424	33,664	33,900	34,133
M	Ages 50 to 54	35,978	35,211	34,525	31,342	35,965	36,226	36,484	36,738
M	Ages 55 and Over	102,081	96,078	90,164	81,167	92,547	97,831	103,138	108,466
	Total	**963,300**	**922,169**	**870,707**	**793,499**	**933,647**	**951,377**	**969,106**	**986,835**

Table 4 shows the same historical and projected member-month enrollment estimates for the PEBB UMP population. The methodology used to calculate these estimates is identical to the Non-UMP population.

Table 4 - PEBB UMP (Self-Funded) Enrollment Summaries

Gender	AgeBand	Historical				Projected			
		2019	2020	2021	2022	2024	2025	2026	2027
F	Under Age 18	257,103	260,770	263,395	264,268	266,498	268,660	270,822	272,984
F	Ages 18 to 24	135,567	136,098	137,132	141,347	142,257	143,483	144,709	145,935
F	Ages 25 to 29	82,224	83,972	81,689	83,253	85,460	86,074	86,688	87,302
F	Ages 30 to 34	98,167	102,081	104,311	107,900	110,011	110,789	111,567	112,345
F	Ages 35 to 39	108,521	113,301	115,059	118,523	119,979	120,918	121,857	122,795
F	Ages 40 to 44	109,668	114,267	119,338	125,161	126,439	127,458	128,476	129,495
F	Ages 45 to 49	112,285	113,012	113,530	117,620	118,393	119,376	120,359	121,342
F	Ages 50 to 54	115,081	117,093	120,050	124,824	125,213	126,313	127,413	128,512
F	Ages 55 and Over	325,461	321,327	316,817	321,040	328,747	332,910	337,073	341,236
M	Under Age 18	271,704	275,150	277,298	277,636	279,870	282,151	284,433	286,715
M	Ages 18 to 24	130,016	130,408	131,784	135,902	136,530	137,725	138,920	140,116
M	Ages 25 to 29	55,703	56,270	56,420	56,830	58,148	58,585	59,021	59,458
M	Ages 30 to 34	68,183	70,357	71,053	72,918	74,461	74,983	75,504	76,026
M	Ages 35 to 39	80,445	82,777	84,766	87,106	88,267	88,935	89,603	90,271
M	Ages 40 to 44	81,362	84,734	88,602	92,417	93,180	93,928	94,676	95,425
M	Ages 45 to 49	86,010	85,634	85,937	88,670	89,302	90,034	90,766	91,498
M	Ages 50 to 54	88,268	90,917	95,387	97,715	98,005	98,860	99,714	100,568
M	Ages 55 and Over	270,706	268,005	266,308	269,629	246,300	249,357	252,413	255,469
	Total	**2,476,474**	**2,506,173**	**2,528,876**	**2,582,759**	**2,587,062**	**2,610,538**	**2,634,015**	**2,657,492**

We also calculated 2020 – 2022 historical and 2024 – 2027 projected enrollment estimates for the SEBB Non-UMP population. These estimates are presented in Table 5 below. Non-enrolled dependent members, i.e. members for whom the carriers provide enrollment and claims information for but who are not in the HCA enrollment file, are excluded from the SEBB historical estimates. This is done to be consistent with other deliverables, as well as with the projected enrollment totals, also presented in Table 5 below.

Table 5 - SEBB Non-UMP (Fully Insured) Enrollment Summaries

Gender	AgeBand	Historical			Projected			
		2020	2021	2022	2024	2025	2026	2027
F	Under Age 18	232,834	228,142	221,747	217,281	217,281	217,281	217,281
F	Ages 18 to 24	120,876	123,123	121,155	118,679	118,679	118,679	118,679
F	Ages 25 to 29	80,666	77,816	74,854	74,001	74,001	74,001	74,001
F	Ages 30 to 34	82,390	83,509	83,829	81,746	81,746	81,746	81,746
F	Ages 35 to 39	90,793	89,785	88,943	87,095	87,095	87,095	87,095
F	Ages 40 to 44	101,986	102,665	101,316	99,147	99,147	99,147	99,147
F	Ages 45 to 49	105,304	102,144	100,641	98,222	98,222	98,222	98,222
F	Ages 50 to 54	106,262	108,010	107,080	104,591	104,591	104,591	104,591
F	Ages 55 and Over	231,456	225,098	213,663	210,548	210,548	210,548	210,548
M	Under Age 18	244,377	238,387	232,006	227,308	227,308	227,308	227,308
M	Ages 18 to 24	115,232	117,877	116,570	114,166	114,166	114,166	114,166
M	Ages 25 to 29	40,179	40,665	39,501	38,991	38,991	38,991	38,991
M	Ages 30 to 34	44,682	45,135	44,380	43,489	43,489	43,489	43,489
M	Ages 35 to 39	51,457	52,269	51,597	50,506	50,506	50,506	50,506
M	Ages 40 to 44	57,383	58,461	58,701	57,212	57,212	57,212	57,212
M	Ages 45 to 49	61,766	60,883	59,962	58,648	58,648	58,648	58,648
M	Ages 50 to 54	63,173	66,053	65,408	63,789	63,789	63,789	63,789
M	Ages 55 and Over	153,436	155,014	150,254	147,522	147,522	147,522	147,522
	Total	**1,984,252**	**1,975,036**	**1,931,607**	**1,892,940**	**1,892,940**	**1,892,940**	**1,892,940**

Finally, Table 6 below shows the same projections for the SEBB UMP population. The methodology used to calculate these estimates is identical to that of Table 5 above.

Table 6 - SEBB UMP (Self Funded) Enrollment Summaries

Gender	AgeBand	Historical			Projected			
		2020	2021	2022	2024	2025	2026	2027
F	Under Age 18	135,336	138,886	151,168	157,213	157,213	157,213	157,213
F	Ages 18 to 24	74,154	81,281	92,137	95,452	95,452	95,452	95,452
F	Ages 25 to 29	36,920	38,981	46,055	47,186	47,186	47,186	47,186
F	Ages 30 to 34	39,066	41,879	48,699	50,123	50,123	50,123	50,123
F	Ages 35 to 39	50,197	51,274	57,832	59,845	59,845	59,845	59,845
F	Ages 40 to 44	57,082	60,536	69,031	71,196	71,196	71,196	71,196
F	Ages 45 to 49	61,115	63,909	71,208	73,832	73,832	73,832	73,832
F	Ages 50 to 54	63,659	67,937	73,863	76,665	76,665	76,665	76,665
F	Ages 55 and Over	141,739	145,963	151,882	159,680	159,680	159,680	159,680
M	Under Age 18	143,445	147,807	161,448	167,563	167,563	167,563	167,563
M	Ages 18 to 24	72,689	79,234	86,539	89,532	89,532	89,532	89,532
M	Ages 25 to 29	19,686	21,387	25,737	26,662	26,662	26,662	26,662
M	Ages 30 to 34	18,959	20,318	24,107	24,778	24,778	24,778	24,778
M	Ages 35 to 39	26,205	27,181	30,620	31,667	31,667	31,667	31,667
M	Ages 40 to 44	31,559	34,081	37,315	38,503	38,503	38,503	38,503
M	Ages 45 to 49	34,849	36,468	41,465	42,876	42,876	42,876	42,876
M	Ages 50 to 54	35,081	39,341	43,769	45,412	45,412	45,412	45,412
M	Ages 55 and Over	92,482	98,660	105,500	110,250	110,250	110,250	110,250
	Total	**1,134,223**	**1,195,123**	**1,318,375**	**1,368,432**	**1,368,432**	**1,368,432**	**1,368,432**

Commercial

For this analysis, historical commercial fertility experience in Washington State is based on a historical enrollment extract from the All Payers Claims Database (APCD) in Washington State provided by OIC. Table 7 below summarizes Washington State commercial enrollment by year and line of business. The bold values represent projections and the rest represent actual experience.

Table 7 - Commercial Market Enrollment Summaries

Year	Individual	Small Group	Large Group - Fully Insured	Large Group - Self-Funded	Total
2019				19,139,234	
2020	2,569,021	3,605,368	4,966,307	**19,453,497**	**30,594,193**
2021	2,614,386	3,597,986	5,044,856	**19,606,637**	**30,863,865**
2022	2,651,983	3,625,773	**5,108,136**	**19,852,573**	**31,238,465**
2023	**2,681,397**	**3,665,988**	**5,164,793**	**20,072,768**	**31,584,946**
2024	**2,706,219**	**3,699,925**	**5,212,604**	**20,258,583**	**31,877,331**
2025	**2,731,560**	**3,734,570**	**5,261,414**	**20,448,281**	**32,175,825**
2026	**2,759,115**	**3,772,243**	**5,314,489**	**20,654,557**	**32,500,404**
2027	**2,786,501**	**3,809,685**	**5,367,239**	**20,859,567**	**32,822,994**

OIC provided a data set with fully insured commercial enrollment by month and line of business from October 2019 through December 2022. This data includes age range and gender detail as well. We used this data set as the historical basis for the individual, small group, and fully insured large group lines of business. The fully insured large group values in this data set include the non-UMP PEBB and SEBB enrollment, so those members are removed in order to estimate the remaining fully insured large group members for 2020 through 2022.

Self-funded large group enrollment in 2019 is estimated based on publicly available data sources. A 2021 Medical Expenditure Panel Survey (MEPS) survey includes estimates of the Washington state private sector workforce as well as the percent of this workforce enrolled in a self-funded health plan. This information was used to estimate the self-funded large group population in aggregate.

For each line of business, enrollment is projected using overall Washington State population forecasts provided by the Office of Financial Management (OFM) [8]. Based on the November 2022 report from OFM, the distribution of population by county within the State is not expected to change significantly over the projection period of this analysis, though the total population is expected to increase from 7.9 million in 2022 to 8.3 million in 2027 (an increase of approximately 1% per year).

In terms of age and gender, both male and female populations are expected to grow approximately 1% per year as well, as is the population aged 18 to 54. The population under age 18 is expected to remain relatively constant, while the population over age 54 is expected to grow approximately 2% per year.

Note that these values represent Washington State's overall population, not distinguished according to healthcare coverage and including uninsured residents. Table 8 below contains the OFM population projections of Washington State by age group and gender for years 2024 through 2027.

Table 8 - WA OFM Population Projections

Gender	AgeBand	Projected			
		2024	*2025*	*2026*	*2027*
F	Under Age 18	833,598	834,606	835,558	836,287
F	Ages 18 to 24	338,821	342,125	346,114	350,459
F	Ages 25 to 29	264,513	260,962	258,872	258,158
F	Ages 30 to 34	290,724	292,118	291,173	288,341
F	Ages 35 to 39	281,010	284,141	288,393	293,151
F	Ages 40 to 44	268,392	274,111	278,353	281,451
F	Ages 45 to 49	239,685	244,208	250,258	257,276
F	Ages 50 to 54	231,138	232,217	233,533	235,228
F	Ages 55 and Over	1,257,266	1,278,319	1,301,087	1,323,248
M	Under Age 18	874,502	875,620	876,587	877,250
M	Ages 18 to 24	353,737	356,699	360,881	365,739
M	Ages 25 to 29	279,808	275,266	271,780	269,519
M	Ages 30 to 34	307,521	308,581	307,499	304,507
M	Ages 35 to 39	298,132	301,673	306,040	310,727
M	Ages 40 to 44	280,402	287,239	292,618	296,765
M	Ages 45 to 49	246,664	251,719	258,523	266,466
M	Ages 50 to 54	236,391	237,238	238,479	240,235
M	Ages 55 and Over	1,142,933	1,163,542	1,186,350	1,208,504
	Total	**8,025,237**	**8,100,384**	**8,182,098**	**8,263,311**

Projected enrollment is then allocated by age group and gender. For the fully insured lines of business, the allocation into age group and gender uses the APCD data provided by OIC to develop the total historical enrollment counts. For the self-funded large group population, the allocation into age group and gender uses the same allocation assumption used for the fully insured large group population. The allocation assumptions are summarized below in Table 9.

Table 9 - Allocation of Statewide Enrollment Projections into Age and Gender

		Distribution for Allocation			
Gender	*Age Band*	*Individual*	*Small Group*	*Large Group - Fully Insured*	*Large Group - Self-Funded*
F	Under Age 18	2.5%	6.6%	5.2%	5.2%
F	Ages 18 to 24	3.5%	4.3%	4.2%	4.2%
F	Ages 25 to 29	3.3%	3.7%	3.7%	3.7%
F	Ages 30 to 34	4.8%	5.3%	5.4%	5.4%
F	Ages 35 to 39	6.3%	6.7%	6.4%	6.4%
F	Ages 40 to 44	2.6%	2.8%	3.0%	3.0%
F	Ages 45 to 49	7.5%	6.6%	5.9%	5.9%
F	Ages 50 to 54	2.1%	1.8%	2.4%	2.4%
F	Ages 55 and Over	21.3%	9.4%	14.2%	14.2%
M	Under Age 18	2.7%	7.0%	5.4%	5.4%
M	Ages 18 to 24	3.2%	4.8%	4.2%	4.2%
M	Ages 25 to 29	1.6%	2.2%	1.8%	1.8%
M	Ages 30 to 34	5.3%	7.5%	6.6%	6.6%
M	Ages 35 to 39	4.7%	6.4%	5.4%	5.4%
M	Ages 40 to 44	3.3%	4.5%	4.0%	4.0%
M	Ages 45 to 49	5.7%	6.4%	5.4%	5.4%
M	Ages 50 to 54	2.7%	3.0%	2.6%	2.6%
M	Ages 55 and Over	17.1%	10.8%	14.2%	14.2%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Data, assumptions, and methodology

This section describes data sources, assumptions, and methodology used to develop projected 2024 – 2027 utilization and cost for fertility benefit services in the state of Washington.

DATA

The following data sources were used to develop projected utilization and cost of fertility benefit services:

- 2018 – 2022 Washington Medicaid data

  o Detailed claim line level data for all encounters submitted to ProviderOne from January 2018 through December 2022 and monthly enrollment records from January 2018 through December 2022.

  o Both managed care and fee-for-service populations were included, limited to Title XIX and Title XXI members.

- 2019 – 2022 PEBB data

  o Detailed claim line level data for all PEBB encounters from January 2019 through December 2022 and enrollment records from January 2019 through December 2022, excluding claims and members in a Medicare Advantage plan.

- 2020 – 2022 SEBB data

  o Detailed claim line level data for all SEBB encounters from January 2020 through December 2022 and enrollment records from January 2020 through December 2022.

- 2017 – 2022 Consolidated Health Cost Guidelines Sources Database (CHSD)

  o This is a national claims sample database developed and maintained by Milliman containing claim and enrollment for many contributors nationwide from commercial (individual, small group, large group self-funded, and large group fully insured), Medicare, and Medicaid lines of business. Because it is only a sample of claims from a variety of lines of business, this dataset was used only for utilization rates and unit cost information on a per-member basis. This data source does not represent complete detail for any state, including Washington State but is assumed to be a representative sample, especially when multiple states are used as for this analysis.

- Milliman Commercial 2022 Health Cost Guidelines

  o Area factors by state, service category, and metropolitan statistical area (MSA) are used to adjust utilization and unit cost data from other states to a Washington State level.

  o Commercial trend guidelines are used as the starting point for utilization and average cost trend assumptions.

- Publicly available data sources

  o November 2022 OFM population forecasts by age group, gender, and year. This data is used for projecting commercial enrollment populations.

  o 2021 MEPS survey results. Used for estimating self-funded large group population.

  o A report of APCD data published by OFM. "Statewide All-Payer Health Care Claims Database Report". Biennial report to the Legislature RCW 43.371.090(2). February 2021. This report contains a table of enrollment counts in the APCD in 2018 and 2019 by market segment used for validating commercial enrollment estimates.

  o Census results from the U.S. Census Bureau, 2021 American Community Survey (ACS). Table HI05_ACS. Health Insurance Coverage Status and Type of Coverage by State and Age for All

Persons: 2021. This data is used for validating population totals and health coverage in Washington State and for validating commercial enrollment estimates.

ASSUMPTIONS

The following assumptions were applied during the development of utilization and cost projections for fertility services:

- Trend adjustment
- Area adjustment
- Pent-up demand
- Cost sharing

Each of these assumptions is described in more detail below.

Trend Adjustment

We relied on commercial utilization and average cost trends from Milliman 2022 Commercial Health Cost Guidelines to develop trends. We summarized 2019 commercial data by line of business, the five fertility benefit categories, and major service categories:

- Inpatient
- Outpatient
- Professional
- Pharmacy

A majority of the utilization and costs were outpatient, professional, and pharmacy. Utilization and average cost trends by major service category and line of business were selected based on actuarial judgement and in discussion with the state's consulting actuaries for Medicaid, PEBB and SEBB projections. We then blended the trend factors using the respective distribution of major service categories for each line of business and fertility benefit categories. The same annual trend adjustment was used to project utilization and cost for years 2024 – 2027.

Area Adjustment

The utilization and cost projections are based on data from states with effective fertility mandates. The data relied upon may have different utilization and unit costs due to geographic location and local practice patterns, so we used area adjustment factors to account for these differences. We relied on commercial utilization and average cost area factors by MSA from Milliman's 2022 Commercial Health Cost Guidelines (HCGs). We summarized 2019 commercial data by line of business, state, area (urban/rural), detailed service categories, and the five fertility benefit categories. For this analysis, we defined urban as counties within an MSA and rural counties as those not in an MSA. Figure 1 below illustrates urban vs rural counties in Washington state according to this definition.

We then blended the HCG area factors using the respective distribution of detailed service categories to get an area factor by state, area (urban/rural), and fertility benefit category. We repeat this process, this time using Washington state HCG area factors. The calculated area factors for non-Washington states are then aggregated based on cost and then divided by the Washington calculated state area factors. We developed and applied area factors by line of business, fertility benefit category, and area (urban/rural) to account for any differences in utilization and costs due to geographic location.

Figure 1 – Urban vs Rural Counties in Washington State

Pent-up Demand

These projections include an assumption of pent-up demand, which assumes that in the first few years after the mandate goes into effect, members may have a higher utilization level than may be expected long-term due to previously unmet need for the benefits. For example, a member may want to undergo an IVF procedure, but could be deferring the procedure due to a combination of the high cost of treatment and the lack of access to coverage of the treatment. Once the mandate goes into effect, such a member may choose to use the benefit in the first few years after the effective date of the mandate. Table 10 below contains the pent-up demand factors assumed in the projection.

Table 10 – Pent-up Demand Adjustment Factors

Benefit	2024	2025	2026	2027
Infertility Diagnosis	1.000	1.050	1.025	1.000
ART	1.000	1.100	1.050	1.000
NART	1.000	1.050	1.025	1.000
Fertility Preservation	1.000	1.050	1.025	1.000
Fertility Medication	1.000	1.050	1.025	1.000

(1) – No pent-up demand assumed for WA Medicaid population.
(2) – No pent-up demand assumed for infertility diagnosis for the small group and large group commercial populations.

We estimated pent-up demand impacts by reviewing reports published by the CDC[9] of ART cycles by year and state for states with benefit mandates. We reviewed ART experience in these reports during the years following a benefit mandate to observe patterns of benefit usage. ART experience varies by state in the years following a benefit

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[9] https://www.cdc.gov/art/reports/archive.html

mandate, so the factors assumed in Table 10 above represent average patterns observed in the CDC reports. We assume that ART will have the largest pent-up demand impact and that other fertility benefits will have half of the pent-up demand assumed for ART each year.

We assume the Medicaid population will not experience any pent-up demand for any of the benefit categories, based on the population makeup and discussions with the State's consulting actuaries for the Medicaid program. We also assume that there is no pent-up demand impact for the infertility diagnosis benefit for the small group and large group commercial populations given the assumption that benefit is currently covered for those populations. Infertility diagnosis is already available for the projected populations in Washington State, but for the individual market we expect there may be an elevated utilization over historical levels due to anti-selection. That is, uninsured individuals may choose to enroll in an individual plan solely for fertility benefits once the mandate goes into effect, so we represent that potential impact using the pent-up demand factor. We did not increase the enrollment projections for anti-selection impacts, but instead reflected the impact using pent-up demand on utilization.

Cost Sharing

Approximate plan liability is projected by applying an effective coinsurance percentage to the allowed cost projection. The effective coinsurance amounts vary by line of business and benefit category in order to represent the average patient pay levels currently in effect for the target populations and the target benefits. The proposed fertility benefit mandate requires that the fertility benefits use a copayment structure comparable to existing plan benefits for each population, so this approach is used in order to meet this requirement.

Historical plan liability and allowed cost data by detailed type of service category is first used to calculate average coinsurance percentages for each line of business. Then, claims data for other states with a fertility mandate is used to estimate the distribution of costs by each detailed type of service category. For example, using the other states data, we estimate that professional radiology diagnostic office visits accounts for 24% of total costs for infertility diagnosis, and 9% of costs for ART. This distribution is used along with the detailed category-specific average coinsurance percentages to estimate an aggregate average coinsurance for each benefit category and line of business combination.

The difference between the average coinsurance assumed in this report and the actual effective coinsurance will vary by line of business and specific plans within each line of business. Differences from the cost sharing assumptions in this report may result in actual plan liabilities that differ from the amounts in this report.

Table 11 below shows the effective coinsurance levels assumed for the projection for estimating plan liability.

Table 11 - Average Coinsurance Levels by Fertility Benefit Category

Line of Business	Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	Composite
Medicaid - MCO	0%	0%	0%	0%	0%	0%
Medicaid - FFS	0%	0%	0%	0%	0%	0%
PEBB UMP	17%	11%	15%	12%	4%	11%
PEBB Non-UMP	20%	13%	17%	14%	5%	12%
SEBB UMP	18%	12%	16%	13%	4%	11%
SEBB Non-UMP	20%	13%	17%	14%	5%	12%
Individual	26%	16%	23%	18%	11%	17%
Small Group	17%	12%	14%	12%	11%	12%
Large Group Fully Insured	0%	0%	0%	0%	0%	0%
Large Group Self-Funded	0%	0%	0%	0%	0%	0%

PROCESSING AND PROJECTION METHODOLOGY

Utilization and cost assignment

Using the data sources described in the 'Data' section of this report, we developed a method to assign fertility benefit category, utilization, and cost to individual claims that we identified as being fertility related. This method was consistent across data sources to allow for consistent comparisons across different populations.

The benefit categories we identified as being consistent with the statement of work were:

1. Infertility Diagnostic Services

   a. These generally consist of diagnostic tests conducted to determine whether a patient has need of infertility services, such as biopsy of testis or sperm evaluation. For a full list of codes associated with this benefit category, see Appendices B and C.

2. Assistive Reproductive Technology (ART) Services

   a. These generally consist of services related to IVF, such as embryo transfer, sperm isolation, assisted oocyte fertilization, etc. For a full list of codes associated with this benefit category, see Appendices B and C.

3. Non-Assistive Reproductive Technology (NART) Services

   a. These generally consist of services related to intrauterine insemination, including ovulation induction. NART also includes other fertility-related non-diagnostic services not specifically mentioned elsewhere. For a full list of codes associated with this benefit category, see Appendices B and C.

4. Fertility Preservation Services

   a. These generally consist of services related to egg or sperm cryopreservation, such as storage of reproductive tissue or thawing of reproductive tissue. For a full list of codes associated with this benefit category, see Appendices B and C.

5. Fertility Medication Services

   a. These consist of prescription medications often taken alongside any of the above medical services. Utilization in this category can only occur for members who also have utilization in at least one of the above benefit categories. For a full list of included drug names, see Appendix D.

The utilization and cost benefit category assignment methodology is described below. Appendix E illustrates this methodology at a high level in a flowchart.

Step 1: Identify population with evidence of infertility or preservation services

1. Identify members with at least two claims with a diagnosis code for infertility diagnosis on different dates of service or at least one claim with a fertility preservation service. Lab, pathology, and radiology claims are excluded from this identification process.

2. Identify members with any procedure code specific to infertility diagnosis or fertility preservation.

Please refer to the codes labeled 'Step 1' in Appendix B and C for the full list of codes used in this section. Members not identified in either step above are excluded from the analysis.

Step 2: Create episodes of care

1. Identify episode triggers by a trigger procedure code or by a non-lab/pathology, non-radiology claim with a trigger diagnosis code. Trigger codes are assumed to unambiguously identify an episode of care for ART, NART, and fertility preservation services. Episodes are defined only for these three benefit categories based on benefit-specific trigger code lists. The date of service of this trigger claim is the episode trigger date.

2. Each episode extends from 30 days prior to 30 days following the episode trigger date. If episodes of the same type overlap, the episode is extended such that it is 30 days prior to the first episode trigger and 30 days following the last episode trigger. All episode trigger dates are retained in this longer period. Note that this overlap rule means some episodes will extend beyond 60 days.

3. If episodes of different types overlap, the whole overlapping period is assigned to a single episode type according to the following hierarchy:

    a. Fertility preservation

    b. ART

    c. NART

The overall goal is to assign each episode of care uniquely to one episode type. Please refer to codes labeled 'Step 2' in Appendix B and C for the full list of codes used in this section.

Step 3: Assign benefit categories

Benefit categories are assigned separately for claims within an episode of care (episode window) and claims outside an episode window. Each method is described below:

1. Claims with a fertility preservation, ART, or NART trigger code or claims within an episode window:

    a. Identify all claims (regardless of diagnosis or procedure codes) on the same day as an episode trigger; attribute these claims to benefit category assigned to that episode.

    b. Identify all claims with an infertility diagnosis code within an episode of care. Attribute these claims to the benefit category assigned to that episode window.

    c. Identify all claims with non-trigger ART, NART, or fertility preservation procedure codes within an episode of care. Attribute these claims to the benefit category assigned to that episode window.

    d. Identify all fertility medication using NDC. Attribute these claims to the fertility medication benefit category. Note that this list includes all drugs that can be used to support infertility treatment, even if they have other uses. We assume that if a script for one of these medications is filled within an episode window, the indication is for the fertility benefit.

    e. All other claims within an episode window not identified using the steps above are excluded from this analysis.

2. Claims without a fertility preservation, ART, or NART trigger code and outside any episode window

    a. Identify fertility preservation services using non-trigger procedure codes or diagnosis codes. Attribute these claims to fertility preservation benefit category.

    b. Identify ART services using non-trigger procedure codes. Attribute these claims to ART benefit category.

    c. Identify NART services using non-trigger procedure codes. Attribute these claims to NART benefit category.

    d. Identify infertility diagnosis services using procedure codes and diagnosis codes. Attribute these claims to infertility diagnosis benefit category.

    e. Identify fertility-specific medication using NDC. Attribute these claims to fertility medication benefit category. Note that medications identified in this manner are limited to those used almost exclusively for fertility purposes.

    f. All other claims not identified using the steps above are excluded from this analysis.

Please refer to codes labeled 'Step 3' in Appendix B, C, and D for the full list of codes and drugs used in this section. After we assigned benefit categories to the relevant claims, we compiled them to develop projections.

Projection development

The methodology used to develop utilization and cost projections is described below:

Step 1: Create model base dataset

After processing the Medicaid, PEBB, SEBB, and CHSD data using the utilization and cost assignment logic described above, we conducted the following steps to build a base dataset for our projection model:

1. Reviewed annual utilization and cost by fertility benefit category, line of business, state, urban versus rural, age, and gender for reasonableness.

2. Based on data review and fertility benefit mandates imposed in other states, we selected our base data. In general, we avoided using 2020 data to limit the impact of the COVID-19 pandemic on utilization rates.

   a. Medicaid – Used 2019 enrollment and claims data

   b. PEBB – Used 2019 enrollment and claims data

   c. SEBB – Used 2021 enrollment and claims data

   d. CHSD – Used commercial enrollment and claims data from the following states / years:

      i. 2019 Arkansas data

      ii. 2018 and 2019 California data

      iii. 2018 and 2019 Connecticut data

      iv. 2019 and 2022 Delaware data

      v. 2018 and 2019 Hawaii data

      vi. 2019 and 2022 Illinois data

      vii. 2018 and 2019 Massachusetts data

      viii. 2018,2019, and 2022 Maryland data

      ix. 2019 New Hampshire data

      x. 2018, 2019, and 2022 New Jersey data

      xi. 2018, 2019, and 2022 New York data

      xii. 2018,2019, and 2022 Rhode Island data

      xiii. 2019 Washington data

3. Split the dataset into two versions for the projection model – Washington and all other states

Step 2: Develop utilization and cost projections

We developed projections for Washington and all other states separately at the area (urban/rural), age band, gender, line of business, and fertility benefit category level of detail for each year 2024 – 2027. The formulas used to calculate projected utilization and costs are illustrated in Figure 2 and Figure 3 below. The trend adjustment is applied based on the midpoint of the base data period if there are multiple years used. We assumed no pent-up demand for the Medicaid population based on consistently low utilization in data review. We also assumed no pent-up demand for infertility diagnosis services for small group and large group plans. These services are already covered in most commercial markets. Please refer to the 'Assumptions' section for more details on the adjustments.

Some of the benefit categories projected in this report are already covered by some health plans or lines of business in Washington State. Historical Washington State experience is used in cases where we assume it represents a complete capture of the services being projected or whenever the historical Washington State exceeds the projections based on other states.

The historical Washington State commercial data used for projecting the baseline Washington State fertility experience represents a sample of commercial plans in Washington State. We assumed that this sample sometimes includes a different mix of services than what may be expected from the commercial market in aggregate, which can produce a different average unit cost amount. We adjusted for this possibility by capping the unit cost amounts in the historical Washington State data to the unit cost projections based on other states.

Note that the costs of fertility medication in this report are gross of manufacturer rebates but are net of typical discounts off average wholesale price. There are limited opportunities for manufacturer rebates for medication used for infertility treatment, as many of the medications used are available as generics.

Figure 2 - Projected Utilization per 1,000 Formula

Figure 3 - Projected Unit Cost Formula

Step 3: Summarize projection model results

After developing projections at a granular level, we summarized model results to evaluate the fiscal impacts of the proposed fertility benefit mandate. In our model summary, we compared projected costs under the fertility mandate to the projected costs under the current benefit coverage. Our model summaries, as shown in the exhibits in Appendix A, include annual member month, utilization, and cost projections with the following level of detail:

1. By line of business

2. By line of business and fertility benefit category

3. By age band, gender, and fertility benefit category for Medicaid

4. By age band, gender, and fertility benefit category for PEBB and SEBB combined

5. By age band, gender, and fertility benefit category for all commercial lines of business combined

Caveats and Limitations

This report and associated exhibits are intended for the use of the State of Washington Health Care Authority and Office of the Insurance Commissioner and their advisors in support of the sunrise benefit review of the proposed Washington fertility benefit mandate. Milliman recognizes that materials delivered to HCA and OIC may be public records subject to disclosure to third parties. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety. Milliman does not intend to benefit any third-party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

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Any reader of this report must possess a certain level of expertise in areas relevant to this analysis to appreciate the significance of the assumptions and the impact of these assumptions on the illustrated results. The reader should be advised by their own actuaries or other qualified professionals competent in the subject matter of this report, so as to properly interpret the material.

Actual costs for the program will vary from our projections for many reasons. Differences between the results of our analysis and actual experience will depend on the extent to which future experience conforms to the assumptions made in our development. It is certain that actual experience will not conform exactly to the assumptions used. Actual financial impacts will differ from projected amounts to the extent that actual experience is higher or lower than expected.

This analysis has relied extensively on data provided by HCA, OIC and other sources. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to estimate utilization and costs under the proposed fertility benefit mandate. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models, including all input, calculations, and output may not be appropriate for any other purposes.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analysis in this report.

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Appendix A: Utilization and Cost Projection Summaries

Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Total Cost Impact (Adjusted for Cost Sharing)

| | Apple Health | Public and School Employees | | | | Commercial Health Plan Market | | | |
| | WA State | PEBB | | SEBB | | | | Fully Insured | Self-Funded |
	Medicaid	UMP	Non-UMP	UMP	Non-UMP	Individual	Small Group	Large Group	Large Group
Member Month Projection									
2024	21,490,722	2,587,062	933,647	1,368,432	1,892,940	2,706,219	3,699,925	5,212,604	20,258,583
2025	21,702,277	2,610,538	951,377	1,368,432	1,892,940	2,731,560	3,734,570	5,261,414	20,448,281
2026	21,915,930	2,634,015	969,106	1,368,432	1,892,940	2,759,115	3,772,243	5,314,489	20,654,557
2027	22,131,704	2,657,492	986,835	1,368,432	1,892,940	2,786,501	3,809,685	5,367,239	20,859,567
		Aggregate Cost Projection - All Fertility Benefits							
	This is the total cost (adjusted for cost sharing) that includes costs under the current benefit coverage plus any incremental costs under the fertility benefit mandate.								
Claim Cost PMPM - All Fertility Benefits									
2024	$1.05	$3.48	$3.64	$3.51	$4.03	$4.93	$1.96	$4.06	$2.31
2025	$1.10	$3.88	$4.00	$3.92	$4.48	$5.54	$2.19	$4.57	$2.62
2026	$1.15	$3.86	$3.96	$3.91	$4.48	$5.60	$2.22	$4.61	$2.64
2027	$1.20	$3.83	$3.91	$3.89	$4.47	$5.66	$2.26	$4.65	$2.66
Claim Cost Total - All Fertility Benefits									
2024	$22.6 M	$9.0 M	$3.4 M	$4.8 M	$7.6 M	$13.3 M	$7.3 M	$21.2 M	$46.8 M
2025	$23.9 M	$10.1 M	$3.8 M	$5.4 M	$8.5 M	$15.1 M	$8.2 M	$24.0 M	$53.5 M
2026	$25.2 M	$10.2 M	$3.8 M	$5.3 M	$8.5 M	$15.4 M	$8.4 M	$24.5 M	$54.5 M
2027	$26.6 M	$10.2 M	$3.9 M	$5.3 M	$8.5 M	$15.8 M	$8.6 M	$25.0 M	$55.5 M

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| | Apple Health | Public and School Employees | | | | Commercial Health Plan Market | | | |
| | **WA State** | **PEBB** | | **SEBB** | | | | **Fully Insured** | **Self-Funded** |
	Medicaid	**UMP**	**Non-UMP**	**UMP**	**Non-UMP**	**Individual**	**Small Group**	**Large Group**	**Large Group**
	Status Quo Cost Projection - All Fertility Benefits								
	This is the cost projection based on the current benefit coverage								
Claim Cost PMPM - All Fertility Benefits									
2024	$0.00	$0.03	$0.01	$0.02	$0.03	$0.01	$0.21	$0.62	$0.24
2025	$0.00	$0.03	$0.01	$0.02	$0.04	$0.01	$0.22	$0.65	$0.26
2026	$0.00	$0.03	$0.01	$0.02	$0.04	$0.01	$0.23	$0.68	$0.27
2027	$0.00	$0.03	$0.01	$0.03	$0.04	$0.01	$0.24	$0.71	$0.28
Claim Cost Total - All Fertility Benefits									
2024	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.8 M	$3.2 M	$4.9 M
2025	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.8 M	$3.4 M	$5.2 M
2026	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.9 M	$3.6 M	$5.5 M
2027	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.9 M	$3.8 M	$5.9 M
	Incremental Cost Projection - All Fertility Benefits								
	This is the additional cost projection resulting from the benefit mandate								
Claim Cost PMPM - All Fertility Benefits									
2024	$1.05	$3.46	$3.63	$3.49	$3.99	$4.93	$1.76	$3.44	$2.07
2025	$1.10	$3.85	$4.00	$3.90	$4.45	$5.53	$1.97	$3.92	$2.36
2026	$1.15	$3.83	$3.95	$3.88	$4.44	$5.59	$2.00	$3.93	$2.37
2027	$1.20	$3.81	$3.90	$3.86	$4.43	$5.65	$2.02	$3.94	$2.38
Claim Cost Total - All Fertility Benefits									
2024	$22.6 M	$8.9 M	$3.4 M	$4.8 M	$7.6 M	$13.3 M	$6.5 M	$17.9 M	$41.9 M
2025	$23.9 M	$10.1 M	$3.8 M	$5.3 M	$8.4 M	$15.1 M	$7.4 M	$20.6 M	$48.3 M
2026	$25.2 M	$10.1 M	$3.8 M	$5.3 M	$8.4 M	$15.4 M	$7.5 M	$20.9 M	$49.0 M
2027	$26.6 M	$10.1 M	$3.8 M	$5.3 M	$8.4 M	$15.7 M	$7.7 M	$21.2 M	$49.7 M

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Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Total Allowed Cost Impact

	Apple Health	Public and School Employees				Commercial Health Plan Market			
	WA State	PEBB		SEBB				Fully Insured	Self-Funded
	Medicaid	UMP	Non-UMP	UMP	Non-UMP	Individual	Small Group	Large Group	Large Group
Member Month Projection									
2024	21,490,722	2,587,062	933,647	1,368,432	1,892,940	2,706,219	3,699,925	5,212,604	20,258,583
2025	21,702,277	2,610,538	951,377	1,368,432	1,892,940	2,731,560	3,734,570	5,261,414	20,448,281
2026	21,915,930	2,634,015	969,106	1,368,432	1,892,940	2,759,115	3,772,243	5,314,489	20,654,557
2027	22,131,704	2,657,492	986,835	1,368,432	1,892,940	2,786,501	3,809,685	5,367,239	20,859,567

Aggregate Cost Projection - All Fertility Benefits

This is the total cost (not adjusted for cost sharing) that includes costs under the current benefit coverage plus any incremental costs under the fertility benefit mandate.

Claim Cost PMPM - All Fertility Benefits									
2024	$1.05	$3.86	$4.07	$3.92	$4.50	$5.76	$2.23	$4.51	$2.65
2025	$1.10	$4.30	$4.47	$4.37	$5.01	$6.47	$2.48	$5.08	$3.00
2026	$1.15	$4.27	$4.42	$4.35	$5.01	$6.54	$2.53	$5.13	$3.02
2027	$1.20	$4.24	$4.36	$4.33	$4.99	$6.61	$2.56	$5.18	$3.05
Claim Cost Total - All Fertility Benefits									
2024	$22.6 M	$10.0 M	$3.8 M	$5.4 M	$8.5 M	$15.6 M	$8.2 M	$23.5 M	$53.6 M
2025	$23.9 M	$11.2 M	$4.3 M	$6.0 M	$9.5 M	$17.7 M	$9.3 M	$26.7 M	$61.3 M
2026	$25.2 M	$11.3 M	$4.3 M	$6.0 M	$9.5 M	$18.1 M	$9.5 M	$27.3 M	$62.5 M
2027	$26.6 M	$11.3 M	$4.3 M	$5.9 M	$9.5 M	$18.4 M	$9.8 M	$27.8 M	$63.6 M

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	Apple Health	Public and School Employees				Commercial Health Plan Market			
	WA State	**PEBB**		**SEBB**				**Fully Insured**	**Self-Funded**
	Medicaid	**UMP**	**Non-UMP**	**UMP**	**Non-UMP**	**Individual**	**Small Group**	**Large Group**	**Large Group**
	Status Quo Cost Projection - All Fertility Benefits								
	This is the cost projection based on the current benefit coverage								
Claim Cost PMPM - All Fertility Benefits									
2024	$0.00	$0.03	$0.01	$0.03	$0.04	$0.01	$0.24	$0.70	$0.28
2025	$0.00	$0.03	$0.01	$0.03	$0.04	$0.01	$0.25	$0.73	$0.30
2026	$0.00	$0.03	$0.01	$0.03	$0.04	$0.01	$0.26	$0.77	$0.31
2027	$0.00	$0.03	$0.01	$0.03	$0.05	$0.01	$0.27	$0.81	$0.33
Claim Cost Total - All Fertility Benefits									
2024	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.9 M	$3.7 M	$5.7 M
2025	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.9 M	$3.9 M	$6.1 M
2026	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$1.0 M	$4.1 M	$6.4 M
2027	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$1.0 M	$4.3 M	$6.8 M
	Incremental Cost Projection - All Fertility Benefits								
	This is the additional cost projection resulting from the benefit mandate								
Claim Cost PMPM - All Fertility Benefits									
2024	$1.05	$3.83	$4.06	$3.89	$4.46	$5.75	$1.99	$3.81	$2.36
2025	$1.10	$4.26	$4.46	$4.35	$4.97	$6.46	$2.24	$4.35	$2.70
2026	$1.15	$4.24	$4.41	$4.33	$4.96	$6.53	$2.27	$4.36	$2.71
2027	$1.20	$4.21	$4.35	$4.30	$4.95	$6.60	$2.29	$4.37	$2.72
Claim Cost Total - All Fertility Benefits									
2024	$22.6 M	$9.9 M	$3.8 M	$5.3 M	$8.4 M	$15.6 M	$7.4 M	$19.9 M	$47.9 M
2025	$23.9 M	$11.1 M	$4.2 M	$5.9 M	$9.4 M	$17.7 M	$8.4 M	$22.9 M	$55.2 M
2026	$25.2 M	$11.2 M	$4.3 M	$5.9 M	$9.4 M	$18.0 M	$8.5 M	$23.2 M	$56.0 M
2027	$26.6 M	$11.2 M	$4.3 M	$5.9 M	$9.4 M	$18.4 M	$8.7 M	$23.5 M	$56.8 M

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Exhibit 2
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Benefit Category

| | Apple Health | Public and School Employees | | | | Commercial Health Plan Market | | | |
| | WA State | PEBB | | SEBB | | | | Fully Insured | Self-Funded |
	Medicaid	UMP	Non-UMP	UMP	Non-UMP	Individual	Small Group	Large Group	Large Group
Member Month Projection									
2024	21,490,722	2,587,062	933,647	1,368,432	1,892,940	2,706,219	3,699,925	5,212,604	20,258,583
2025	21,702,277	2,610,538	951,377	1,368,432	1,892,940	2,731,560	3,734,570	5,261,414	20,448,281
2026	21,915,930	2,634,015	969,106	1,368,432	1,892,940	2,759,115	3,772,243	5,314,489	20,654,557
2027	22,131,704	2,657,492	986,835	1,368,432	1,892,940	2,786,501	3,809,685	5,367,239	20,859,567
				Infertility Diagnosis					
Utilization per 1,000 - Infertility Diagnosis									
2024	0.7	2.7	3.0	2.6	3.0	3.1	3.6	3.1	2.9
2025	0.7	2.9	3.1	2.8	3.1	3.2	3.6	3.1	2.9
2026	0.7	2.8	3.0	2.7	3.1	3.2	3.6	3.2	3.0
2027	0.7	2.8	3.0	2.7	3.0	3.2	3.7	3.2	3.0
Total Utilization Per Year - Infertility Diagnosis									
2024	1,301	590	232	298	466	692	1,101	1,346	4,892
2025	1,327	628	246	315	494	723	1,123	1,372	4,987
2026	1,353	625	245	311	487	729	1,145	1,400	5,088
2027	1,381	621	244	307	480	734	1,168	1,428	5,190
Claim Cost PMPM - Infertility Diagnosis									
2024	$0.00	$0.04	$0.04	$0.03	$0.04	$0.03	$0.06	$0.04	$0.04
2025	$0.01	$0.04	$0.04	$0.04	$0.04	$0.03	$0.06	$0.04	$0.04
2026	$0.01	$0.04	$0.04	$0.04	$0.04	$0.04	$0.06	$0.05	$0.05
2027	$0.01	$0.04	$0.04	$0.04	$0.04	$0.04	$0.06	$0.05	$0.05
Claim Cost Total - Infertility Diagnosis									
2024	$0.1 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.1 M	$0.2 M	$0.2 M	$0.8 M
2025	$0.1 M	$0.1 M	$0.0 M	$0.1 M	$0.1 M	$0.1 M	$0.2 M	$0.2 M	$0.9 M
2026	$0.1 M	$0.1 M	$0.0 M	$0.1 M	$0.1 M	$0.1 M	$0.2 M	$0.2 M	$1.0 M
2027	$0.1 M	$0.1 M	$0.0 M	$0.1 M	$0.1 M	$0.1 M	$0.2 M	$0.3 M	$1.0 M

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Exhibit 2
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Benefit Category

	Apple Health	Public and School Employees				Commercial Health Plan Market			
	WA State	PEBB		SEBB				Fully Insured	Self-Funded
	Medicaid	UMP	Non-UMP	UMP	Non-UMP	Individual	Small Group	Large Group	Large Group
Member Month Projection									
2024	21,490,722	2,587,062	933,647	1,368,432	1,892,940	2,706,219	3,699,925	5,212,604	20,258,583
2025	21,702,277	2,610,538	951,377	1,368,432	1,892,940	2,731,560	3,734,570	5,261,414	20,448,281
2026	21,915,930	2,634,015	969,106	1,368,432	1,892,940	2,759,115	3,772,243	5,314,489	20,654,557
2027	22,131,704	2,657,492	986,835	1,368,432	1,892,940	2,786,501	3,809,685	5,367,239	20,859,567
				Assisted Reproductive Technologies (ART)					
Utilization per 1,000 - ART									
2024	12.1	27.0	25.9	27.6	29.3	47.4	10.5	27.3	19.0
2025	12.2	29.9	28.5	30.6	32.6	52.7	11.7	30.3	21.1
2026	12.3	28.8	27.1	29.5	31.4	50.8	11.2	29.2	20.3
2027	12.5	27.7	25.8	28.4	30.2	48.9	10.8	28.1	19.6
Total Utilization Per Year - ART									
2024	21,655	5,815	2,019	3,145	4,628	10,694	3,237	11,843	32,068
2025	22,088	6,509	2,258	3,494	5,141	11,992	3,631	13,280	35,960
2026	22,529	6,322	2,192	3,369	4,957	11,678	3,536	12,933	35,019
2027	22,978	6,126	2,123	3,241	4,768	11,345	3,435	12,564	34,021
Claim Cost PMPM - ART									
2024	$0.37	$2.01	$1.78	$2.06	$2.04	$2.22	$0.62	$2.06	$1.42
2025	$0.39	$2.28	$1.99	$2.34	$2.31	$2.57	$0.72	$2.37	$1.64
2026	$0.40	$2.24	$1.93	$2.30	$2.28	$2.57	$0.72	$2.37	$1.64
2027	$0.41	$2.19	$1.88	$2.25	$2.23	$2.57	$0.72	$2.37	$1.64
Claim Cost Total - ART									
2024	$8.0 M	$5.2 M	$1.7 M	$2.8 M	$3.9 M	$6.0 M	$2.3 M	$10.7 M	$28.8 M
2025	$8.4 M	$5.9 M	$1.9 M	$3.2 M	$4.4 M	$7.0 M	$2.7 M	$12.5 M	$33.6 M
2026	$8.7 M	$5.9 M	$1.9 M	$3.1 M	$4.3 M	$7.1 M	$2.7 M	$12.6 M	$33.9 M
2027	$9.1 M	$5.8 M	$1.9 M	$3.1 M	$4.2 M	$7.2 M	$2.7 M	$12.7 M	$34.2 M

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[Exhibit 2]   **Page 6 of 21**

Exhibit 2
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Benefit Category

| | Apple Health | Public and School Employees | | | | Commercial Health Plan Market | | | |
| | WA State | PEBB | | SEBB | | | | Fully Insured | Self-Funded |
	Medicaid	UMP	Non-UMP	UMP	Non-UMP	Individual	Small Group	Large Group	Large Group
Member Month Projection									
2024	21,490,722	2,587,062	933,647	1,368,432	1,892,940	2,706,219	3,699,925	5,212,604	20,258,583
2025	21,702,277	2,610,538	951,377	1,368,432	1,892,940	2,731,560	3,734,570	5,261,414	20,448,281
2026	21,915,930	2,634,015	969,106	1,368,432	1,892,940	2,759,115	3,772,243	5,314,489	20,654,557
2027	22,131,704	2,657,492	986,835	1,368,432	1,892,940	2,786,501	3,809,685	5,367,239	20,859,567
Non-Assisted Reproductive Technologies (NART)									
Utilization per 1,000 - NART									
2024	2.9	14.0	13.4	13.9	14.8	10.4	8.1	14.3	8.5
2025	2.9	14.8	14.1	14.7	15.7	11.1	8.6	15.2	9.0
2026	2.9	14.6	13.7	14.5	15.5	10.9	8.5	15.0	8.9
2027	3.0	14.4	13.4	14.3	15.3	10.8	8.4	14.8	8.7
Total Utilization Per Year - NART									
2024	5,161	3,020	1,045	1,586	2,338	2,355	2,508	6,232	14,333
2025	5,264	3,226	1,116	1,682	2,480	2,521	2,685	6,661	15,341
2026	5,369	3,204	1,108	1,658	2,445	2,510	2,674	6,637	15,279
2027	5,476	3,180	1,099	1,634	2,409	2,498	2,662	6,612	15,206
Claim Cost PMPM - NART									
2024	$0.04	$0.35	$0.32	$0.34	$0.35	$0.20	$0.17	$0.38	$0.20
2025	$0.04	$0.38	$0.34	$0.37	$0.38	$0.23	$0.19	$0.42	$0.23
2026	$0.04	$0.38	$0.34	$0.38	$0.38	$0.23	$0.19	$0.43	$0.23
2027	$0.04	$0.38	$0.33	$0.38	$0.39	$0.24	$0.20	$0.44	$0.24
Claim Cost Total - NART									
2024	$0.8 M	$0.9 M	$0.3 M	$0.5 M	$0.7 M	$0.6 M	$0.6 M	$2.0 M	$4.1 M
2025	$0.8 M	$1.0 M	$0.3 M	$0.5 M	$0.7 M	$0.6 M	$0.7 M	$2.2 M	$4.6 M
2026	$0.9 M	$1.0 M	$0.3 M	$0.5 M	$0.7 M	$0.6 M	$0.7 M	$2.3 M	$4.8 M
2027	$0.9 M	$1.0 M	$0.3 M	$0.5 M	$0.7 M	$0.7 M	$0.8 M	$2.3 M	$5.0 M

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Exhibit 2
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Benefit Category

| | Apple Health | Public and School Employees | | | | Commercial Health Plan Market | | | |
| | WA State | PEBB | | SEBB | | | | Fully Insured | Self-Funded |
	Medicaid	UMP	Non-UMP	UMP	Non-UMP	Individual	Small Group	Large Group	Large Group
Member Month Projection									
2024	21,490,722	2,587,062	933,647	1,368,432	1,892,940	2,706,219	3,699,925	5,212,604	20,258,583
2025	21,702,277	2,610,538	951,377	1,368,432	1,892,940	2,731,560	3,734,570	5,261,414	20,448,281
2026	21,915,930	2,634,015	969,106	1,368,432	1,892,940	2,759,115	3,772,243	5,314,489	20,654,557
2027	22,131,704	2,657,492	986,835	1,368,432	1,892,940	2,786,501	3,809,685	5,367,239	20,859,567

Fertility Preservation

	Apple Health WA State Medicaid	PEBB UMP	PEBB Non-UMP	SEBB UMP	SEBB Non-UMP	Individual	Small Group	Fully Insured Large Group	Self-Funded Large Group
Utilization per 1,000 - Fertility Preservation									
2024	1.1	2.4	2.5	2.4	2.8	4.4	2.9	2.6	2.2
2025	1.1	2.5	2.6	2.6	2.9	4.6	3.1	2.8	2.4
2026	1.1	2.5	2.5	2.5	2.9	4.6	3.1	2.8	2.3
2027	1.1	2.4	2.5	2.5	2.9	4.5	3.0	2.7	2.3
Total Utilization Per Year - Fertility Preservation									
2024	1,987	515	193	277	439	985	908	1,150	3,746
2025	2,026	550	206	293	465	1,055	972	1,231	4,011
2026	2,067	546	204	289	459	1,050	968	1,226	3,994
2027	2,108	542	203	285	452	1,045	964	1,220	3,975
Claim Cost PMPM - Fertility Preservation									
2024	$0.03	$0.12	$0.14	$0.12	$0.16	$0.18	$0.20	$0.16	$0.15
2025	$0.03	$0.13	$0.15	$0.13	$0.18	$0.20	$0.22	$0.18	$0.16
2026	$0.03	$0.13	$0.15	$0.13	$0.18	$0.20	$0.23	$0.18	$0.16
2027	$0.03	$0.13	$0.15	$0.13	$0.18	$0.21	$0.24	$0.19	$0.17
Claim Cost Total - Fertility Preservation									
2024	$0.6 M	$0.3 M	$0.1 M	$0.2 M	$0.3 M	$0.5 M	$0.8 M	$0.9 M	$2.9 M
2025	$0.6 M	$0.3 M	$0.1 M	$0.2 M	$0.3 M	$0.5 M	$0.8 M	$0.9 M	$3.3 M
2026	$0.7 M	$0.3 M	$0.1 M	$0.2 M	$0.3 M	$0.6 M	$0.9 M	$1.0 M	$3.4 M
2027	$0.7 M	$0.3 M	$0.1 M	$0.2 M	$0.3 M	$0.6 M	$0.9 M	$1.0 M	$3.5 M

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Exhibit 2
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Benefit Category

	Apple Health	Public and School Employees				Commercial Health Plan Market			
	WA State	PEBB		SEBB				Fully Insured	Self-Funded
	Medicaid	UMP	Non-UMP	UMP	Non-UMP	Individual	Small Group	Large Group	Large Group
Member Month Projection									
2024	21,490,722	2,587,062	933,647	1,368,432	1,892,940	2,706,219	3,699,925	5,212,604	20,258,583
2025	21,702,277	2,610,538	951,377	1,368,432	1,892,940	2,731,560	3,734,570	5,261,414	20,448,281
2026	21,915,930	2,634,015	969,106	1,368,432	1,892,940	2,759,115	3,772,243	5,314,489	20,654,557
2027	22,131,704	2,657,492	986,835	1,368,432	1,892,940	2,786,501	3,809,685	5,367,239	20,859,567
			Fertility Medications						
Utilization per 1,000 - Fertility Medications									
2024	5.9	12.3	12.5	12.1	13.2	22.8	8.9	13.1	5.0
2025	6.0	13.1	13.1	12.9	14.1	24.3	9.5	13.9	5.3
2026	6.1	12.9	12.9	12.8	14.0	24.1	9.4	13.8	5.3
2027	6.2	12.8	12.6	12.7	13.9	23.9	9.4	13.7	5.2
Total Utilization Per Year - Fertility Medication									
2024	10,512	2,645	969	1,379	2,086	5,134	2,752	5,672	8,433
2025	10,786	2,843	1,041	1,472	2,225	5,528	2,963	6,108	9,081
2026	11,066	2,841	1,040	1,460	2,207	5,538	2,968	6,119	9,097
2027	11,354	2,837	1,037	1,447	2,188	5,544	2,972	6,126	9,107
Claim Cost PMPM - Fertility Medications									
2024	$0.61	$0.97	$1.37	$0.95	$1.43	$2.29	$0.91	$1.42	$0.50
2025	$0.64	$1.06	$1.48	$1.05	$1.57	$2.51	$1.00	$1.55	$0.55
2026	$0.68	$1.08	$1.50	$1.07	$1.60	$2.56	$1.02	$1.58	$0.56
2027	$0.72	$1.10	$1.51	$1.09	$1.63	$2.61	$1.04	$1.61	$0.57
Claim Cost Total - Fertility Medications									
2024	$13.1 M	$2.5 M	$1.3 M	$1.3 M	$2.7 M	$6.2 M	$3.4 M	$7.4 M	$10.1 M
2025	$13.9 M	$2.8 M	$1.4 M	$1.4 M	$3.0 M	$6.9 M	$3.7 M	$8.2 M	$11.2 M
2026	$14.9 M	$2.8 M	$1.4 M	$1.5 M	$3.0 M	$7.1 M	$3.8 M	$8.4 M	$11.5 M
2027	$15.9 M	$2.9 M	$1.5 M	$1.5 M	$3.1 M	$7.3 M	$3.9 M	$8.7 M	$11.8 M

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Exhibit 3a
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Apple Health Medicaid

	Apple Health - WA State Medicaid					
	Infertility Diagnosis	**ART**	**NART**	**Fertility Preservation**	**Fertility Medication**	**All Fertility Benefits**
Projection Year 2024						
Total Utilization Per Year - 2024						
Female	Under Age 18	2	10	1	8	10	31
Female	Ages 18 to 24	33	172	75	24	182	486
Female	Ages 25 to 29	152	1,579	616	138	1,013	3,498
Female	Ages 30 to 34	369	6,886	2,100	587	3,352	13,295
Female	Ages 35 to 39	311	7,908	1,584	695	3,622	14,120
Female	Ages 40 to 44	140	4,547	540	404	1,995	7,627
Female	Ages 45 to 49	22	511	52	57	201	843
Female	Ages 50 to 54	2	25	2	5	10	43
Female	Ages 55 and Over	1	3	0	1	2	6
Female	All Ages	1,034	21,639	4,971	1,918	10,388	39,950
Male	Under Age 18	0	2	0	4	1	6
Male	Ages 18 to 24	3	0	1	5	2	12
Male	Ages 25 to 29	24	3	12	6	5	50
Male	Ages 30 to 34	90	3	70	17	37	217
Male	Ages 35 to 39	87	5	61	18	41	212
Male	Ages 40 to 44	41	3	29	11	24	108
Male	Ages 45 to 49	14	1	11	4	9	38
Male	Ages 50 to 54	5	0	3	3	4	14
Male	Ages 55 and Over	3	0	2	2	2	8
Male	All Ages	267	16	190	69	124	666
Subtotal	Subtotal	1,301	21,655	5,161	1,987	10,512	40,616
Total Claims Cost - 2024						
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.2 M
Female	Ages 25 to 29	$0.0 M	$0.5 M	$0.1 M	$0.0 M	$0.7 M	$1.3 M
Female	Ages 30 to 34	$0.0 M	$2.4 M	$0.3 M	$0.2 M	$3.3 M	$6.2 M
Female	Ages 35 to 39	$0.0 M	$3.0 M	$0.3 M	$0.2 M	$5.2 M	$8.7 M
Female	Ages 40 to 44	$0.0 M	$1.8 M	$0.1 M	$0.1 M	$3.5 M	$5.6 M
Female	Ages 45 to 49	$0.0 M	$0.2 M	$0.0 M	$0.0 M	$0.3 M	$0.5 M
Female	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$0.1 M	$8.0 M	$0.8 M	$0.6 M	$13.0 M	$22.5 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 35 to 39	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Subtotal	Subtotal	$0.1 M	$8.0 M	$0.8 M	$0.6 M	$13.1 M	$22.6 M

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Exhibit 3a
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Apple Health Medicaid

Apple Health - WA State Medicaid						
	Infertility Diagnosis	**ART**	**NART**	**Fertility Preservation**	**Fertility Medication**	**All Fertility Benefits**
Projection Year 2025						
Total Utilization Per Year - 2025						
Female	Under Age 18	2	10	1	8	10	31
Female	Ages 18 to 24	34	175	77	24	187	497
Female	Ages 25 to 29	155	1,611	628	140	1,040	3,574
Female	Ages 30 to 34	377	7,023	2,142	599	3,440	13,581
Female	Ages 35 to 39	317	8,066	1,615	709	3,716	14,423
Female	Ages 40 to 44	143	4,638	551	412	2,047	7,791
Female	Ages 45 to 49	23	521	53	58	206	862
Female	Ages 50 to 54	2	26	2	5	10	44
Female	Ages 55 and Over	1	3	0	1	2	6
Female	All Ages	1,054	22,071	5,070	1,956	10,658	40,810
Male	Under Age 18	0	2	0	4	1	6
Male	Ages 18 to 24	3	0	1	5	2	12
Male	Ages 25 to 29	24	3	13	6	5	51
Male	Ages 30 to 34	92	3	72	17	37	221
Male	Ages 35 to 39	89	5	62	19	42	217
Male	Ages 40 to 44	42	3	30	11	25	110
Male	Ages 45 to 49	14	1	11	4	9	39
Male	Ages 50 to 54	5	0	4	3	4	15
Male	Ages 55 and Over	3	0	2	2	2	8
Male	All Ages	273	16	194	70	127	680
Subtotal	Subtotal	1,327	22,088	5,264	2,026	10,786	41,490
Total Claims Cost - 2025						
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.2 M
Female	Ages 25 to 29	$0.0 M	$0.5 M	$0.1 M	$0.0 M	$0.7 M	$1.4 M
Female	Ages 30 to 34	$0.0 M	$2.5 M	$0.3 M	$0.2 M	$3.5 M	$6.6 M
Female	Ages 35 to 39	$0.0 M	$3.1 M	$0.3 M	$0.2 M	$5.5 M	$9.2 M
Female	Ages 40 to 44	$0.0 M	$1.9 M	$0.1 M	$0.1 M	$3.8 M	$5.9 M
Female	Ages 45 to 49	$0.0 M	$0.2 M	$0.0 M	$0.0 M	$0.3 M	$0.5 M
Female	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$0.1 M	$8.4 M	$0.8 M	$0.6 M	$13.9 M	$23.8 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 35 to 39	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Subtotal	Subtotal	$0.1 M	$8.4 M	$0.8 M	$0.6 M	$13.9 M	$23.9 M

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Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Apple Health Medicaid

		Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	All Fertility Benefits
Apple Health - WA State Medicaid							
Projection Year 2026							
Total Utilization Per Year - 2026							
Female	Under Age 18	2	10	1	8	11	32
Female	Ages 18 to 24	34	179	78	24	192	508
Female	Ages 25 to 29	158	1,643	641	143	1,067	3,652
Female	Ages 30 to 34	384	7,163	2,185	611	3,529	13,873
Female	Ages 35 to 39	324	8,227	1,648	723	3,813	14,734
Female	Ages 40 to 44	146	4,731	562	420	2,100	7,959
Female	Ages 45 to 49	23	531	55	60	211	880
Female	Ages 50 to 54	2	26	2	5	10	45
Female	Ages 55 and Over	1	3	0	1	2	6
Female	All Ages	1,075	22,512	5,171	1,995	10,936	41,689
Male	Under Age 18	0	2	0	4	1	6
Male	Ages 18 to 24	3	0	1	6	2	13
Male	Ages 25 to 29	25	3	13	6	5	52
Male	Ages 30 to 34	94	3	73	17	38	226
Male	Ages 35 to 39	91	5	63	19	43	221
Male	Ages 40 to 44	43	3	30	11	25	113
Male	Ages 45 to 49	14	1	11	4	9	40
Male	Ages 50 to 54	5	0	4	3	4	15
Male	Ages 55 and Over	3	0	2	2	2	9
Male	All Ages	278	16	198	72	130	694
Subtotal	Subtotal	1,353	22,529	5,369	2,067	11,066	42,384
Total Claims Cost - 2026							
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.2 M
Female	Ages 25 to 29	$0.0 M	$0.6 M	$0.1 M	$0.1 M	$0.8 M	$1.5 M
Female	Ages 30 to 34	$0.0 M	$2.6 M	$0.3 M	$0.2 M	$3.7 M	$6.9 M
Female	Ages 35 to 39	$0.0 M	$3.3 M	$0.3 M	$0.3 M	$5.9 M	$9.7 M
Female	Ages 40 to 44	$0.0 M	$2.0 M	$0.1 M	$0.1 M	$4.0 M	$6.3 M
Female	Ages 45 to 49	$0.0 M	$0.2 M	$0.0 M	$0.0 M	$0.3 M	$0.6 M
Female	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$0.1 M	$8.7 M	$0.8 M	$0.6 M	$14.9 M	$25.1 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 35 to 39	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Subtotal	Subtotal	$0.1 M	$8.7 M	$0.9 M	$0.7 M	$14.9 M	$25.2 M

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Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Apple Health Medicaid

	Apple Health - WA State Medicaid					
	Infertility Diagnosis	**ART**	**NART**	**Fertility Preservation**	**Fertility Medication**	**All Fertility Benefits**
Projection Year 2027						
Total Utilization Per Year- 2027						
Female	Under Age 18	2	10	1	8	11	33
Female	Ages 18 to 24	35	182	80	25	197	519
Female	Ages 25 to 29	162	1,676	654	146	1,094	3,731
Female	Ages 30 to 34	392	7,306	2,229	623	3,621	14,171
Female	Ages 35 to 39	330	8,391	1,681	737	3,912	15,051
Female	Ages 40 to 44	149	4,825	573	429	2,155	8,131
Female	Ages 45 to 49	24	542	56	61	217	899
Female	Ages 50 to 54	2	27	2	5	11	46
Female	Ages 55 and Over	1	3	0	1	2	7
Female	All Ages	1,097	22,962	5,275	2,035	11,220	42,588
Male	Under Age 18	0	2	0	4	1	6
Male	Ages 18 to 24	3	0	1	6	2	13
Male	Ages 25 to 29	25	3	13	6	6	53
Male	Ages 30 to 34	96	3	75	18	39	231
Male	Ages 35 to 39	92	5	65	19	44	226
Male	Ages 40 to 44	44	3	31	11	26	115
Male	Ages 45 to 49	15	1	12	4	9	40
Male	Ages 50 to 54	5	0	4	3	4	15
Male	Ages 55 and Over	3	0	2	2	2	9
Male	All Ages	284	17	202	73	134	709
Subtotal	Subtotal	1,381	22,978	5,476	2,108	11,354	43,297
Total Claims Cost - 2027						
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.2 M
Female	Ages 25 to 29	$0.0 M	$0.6 M	$0.1 M	$0.1 M	$0.8 M	$1.6 M
Female	Ages 30 to 34	$0.0 M	$2.7 M	$0.4 M	$0.2 M	$4.0 M	$7.3 M
Female	Ages 35 to 39	$0.0 M	$3.4 M	$0.3 M	$0.3 M	$6.3 M	$10.3 M
Female	Ages 40 to 44	$0.0 M	$2.1 M	$0.1 M	$0.1 M	$4.3 M	$6.6 M
Female	Ages 45 to 49	$0.0 M	$0.2 M	$0.0 M	$0.0 M	$0.3 M	$0.6 M
Female	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$0.1 M	$9.1 M	$0.9 M	$0.7 M	$15.8 M	$26.5 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 35 to 39	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Subtotal	Subtotal	$0.1 M	$9.1 M	$0.9 M	$0.7 M	$15.9 M	$26.6 M

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Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Public and School Employees (PEBB & SEBB)

		PEBB & SEBB					
		Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	All Fertility Benefits
		Projection Year 2024					
Total Utilization Per Year - 2024							
Female	Under Age 18	1	3	1	2	3	10
Female	Ages 18 to 24	34	92	102	12	98	339
Female	Ages 25 to 29	126	700	655	55	424	1,960
Female	Ages 30 to 34	377	3,773	2,763	290	1,721	8,924
Female	Ages 35 to 39	427	5,818	2,798	477	2,504	12,024
Female	Ages 40 to 44	253	4,546	1,245	377	1,871	8,291
Female	Ages 45 to 49	53	628	156	66	214	1,117
Female	Ages 50 to 54	5	34	5	6	12	62
Female	Ages 55 and Over	1	2	1	1	2	7
Female	All Ages	1,277	15,596	7,727	1,287	6,848	32,735
Male	Under Age 18	0	0	0	3	0	3
Male	Ages 18 to 24	4	0	2	13	4	24
Male	Ages 25 to 29	17	1	10	7	6	42
Male	Ages 30 to 34	77	2	74	23	46	221
Male	Ages 35 to 39	107	4	90	34	76	312
Male	Ages 40 to 44	61	3	50	30	57	201
Male	Ages 45 to 49	27	1	24	12	25	89
Male	Ages 50 to 54	9	0	8	9	12	37
Male	Ages 55 and Over	5	0	3	6	4	18
Male	All Ages	307	11	262	136	231	947
Subtotal	Subtotal	1,585	15,607	7,989	1,423	7,079	33,682
Total Claims Cost - 2024							
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.2 M
Female	Ages 25 to 29	$0.0 M	$0.5 M	$0.2 M	$0.0 M	$0.2 M	$1.0 M
Female	Ages 30 to 34	$0.1 M	$3.1 M	$0.8 M	$0.2 M	$1.4 M	$5.5 M
Female	Ages 35 to 39	$0.1 M	$4.9 M	$0.8 M	$0.3 M	$2.8 M	$8.9 M
Female	Ages 40 to 44	$0.0 M	$4.4 M	$0.4 M	$0.3 M	$3.0 M	$8.1 M
Female	Ages 45 to 49	$0.0 M	$0.5 M	$0.1 M	$0.0 M	$0.3 M	$0.9 M
Female	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$0.2 M	$13.6 M	$2.3 M	$0.8 M	$7.8 M	$24.6 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.1 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 35 to 39	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.0 M	$0.0 M	$0.1 M	$0.1 M	$0.0 M	$0.2 M
Subtotal	Subtotal	$0.2 M	$13.6 M	$2.3 M	$0.9 M	$7.8 M	$24.8 M

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Exhibit 3b
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Public and School Employees (PEBB & SEBB)

		Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	All Fertility Benefits
		PEBB & SEBB					
		Projection Year 2025					
Total Utilization Per Year - 2025							
Female	Under Age 18	1	3	1	2	3	11
Female	Ages 18 to 24	36	103	109	13	105	366
Female	Ages 25 to 29	134	780	697	58	454	2,123
Female	Ages 30 to 34	400	4,206	2,941	309	1,843	9,699
Female	Ages 35 to 39	453	6,489	2,978	508	2,682	13,111
Female	Ages 40 to 44	269	5,069	1,325	401	2,003	9,067
Female	Ages 45 to 49	56	700	166	71	229	1,222
Female	Ages 50 to 54	5	38	6	6	13	68
Female	Ages 55 and Over	1	3	1	1	2	7
Female	All Ages	1,356	17,391	8,225	1,369	7,333	35,675
Male	Under Age 18	0	0	0	4	0	4
Male	Ages 18 to 24	4	0	2	14	5	25
Male	Ages 25 to 29	19	2	11	7	7	45
Male	Ages 30 to 34	81	2	78	24	49	235
Male	Ages 35 to 39	114	4	96	36	82	332
Male	Ages 40 to 44	65	3	54	32	61	215
Male	Ages 45 to 49	29	1	26	13	27	95
Male	Ages 50 to 54	10	0	9	9	12	40
Male	Ages 55 and Over	5	0	4	6	5	19
Male	All Ages	327	12	279	145	247	1,010
Subtotal	Subtotal	1,683	17,403	8,503	1,514	7,581	36,685
Total Claims Cost - 2025							
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.2 M
Female	Ages 25 to 29	$0.0 M	$0.6 M	$0.2 M	$0.0 M	$0.3 M	$1.1 M
Female	Ages 30 to 34	$0.1 M	$3.5 M	$0.8 M	$0.2 M	$1.6 M	$6.2 M
Female	Ages 35 to 39	$0.1 M	$5.6 M	$0.9 M	$0.3 M	$3.0 M	$10.0 M
Female	Ages 40 to 44	$0.0 M	$5.0 M	$0.5 M	$0.3 M	$3.3 M	$9.0 M
Female	Ages 45 to 49	$0.0 M	$0.6 M	$0.1 M	$0.0 M	$0.3 M	$1.0 M
Female	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$0.2 M	$15.4 M	$2.5 M	$0.9 M	$8.6 M	$27.5 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.1 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 35 to 39	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.0 M	$0.0 M	$0.1 M	$0.1 M	$0.0 M	$0.2 M
Subtotal	Subtotal	$0.3 M	$15.4 M	$2.5 M	$1.0 M	$8.6 M	$27.8 M

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Exhibit 3b
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Public and School Employees (PEBB & SEBB)

	PEBB & SEBB					
	Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	All Fertility Benefits
Projection Year 2026						
Total Utilization per Year - 2026						
Female	Under Age 18	1	3	1	2	3	11
Female	Ages 18 to 24	36	99	108	13	104	361
Female	Ages 25 to 29	132	755	690	58	451	2,086
Female	Ages 30 to 34	396	4,069	2,910	305	1,835	9,516
Female	Ages 35 to 39	449	6,280	2,948	503	2,670	12,850
Female	Ages 40 to 44	266	4,905	1,311	397	1,994	8,874
Female	Ages 45 to 49	56	677	164	70	228	1,195
Female	Ages 50 to 54	5	37	6	6	13	67
Female	Ages 55 and Over	1	3	1	1	2	7
Female	All Ages	1,344	16,828	8,138	1,355	7,301	34,966
Male	Under Age 18	0	0	0	4	0	4
Male	Ages 18 to 24	4	0	2	14	5	25
Male	Ages 25 to 29	18	2	11	7	7	45
Male	Ages 30 to 34	81	2	78	24	49	233
Male	Ages 35 to 39	113	4	95	36	82	329
Male	Ages 40 to 44	65	3	53	32	60	213
Male	Ages 45 to 49	28	1	25	13	27	94
Male	Ages 50 to 54	9	0	9	9	12	40
Male	Ages 55 and Over	5	0	4	6	5	19
Male	All Ages	324	12	276	143	246	1,002
Subtotal	Subtotal	1,668	16,840	8,415	1,499	7,547	35,967
Total Claims Cost - 2026						
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.2 M
Female	Ages 25 to 29	$0.0 M	$0.6 M	$0.2 M	$0.0 M	$0.3 M	$1.1 M
Female	Ages 30 to 34	$0.1 M	$3.4 M	$0.8 M	$0.2 M	$1.6 M	$6.2 M
Female	Ages 35 to 39	$0.1 M	$5.5 M	$0.9 M	$0.3 M	$3.1 M	$10.0 M
Female	Ages 40 to 44	$0.0 M	$4.9 M	$0.5 M	$0.3 M	$3.4 M	$9.1 M
Female	Ages 45 to 49	$0.0 M	$0.6 M	$0.1 M	$0.0 M	$0.3 M	$1.0 M
Female	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$0.2 M	$15.2 M	$2.5 M	$0.9 M	$8.8 M	$27.6 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.1 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 35 to 39	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.0 M	$0.0 M	$0.1 M	$0.1 M	$0.0 M	$0.3 M
Subtotal	Subtotal	$0.3 M	$15.2 M	$2.6 M	$1.0 M	$8.8 M	$27.8 M

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Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Public and School Employees (PEBB & SEBB)

	PEBB & SEBB					
	Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	All Fertility Benefits
			Projection Year 2027			
Total Utilization Per Year - 2027						
Female	Under Age 18	1	3	1	2	3	10
Female	Ages 18 to 24	36	96	107	13	104	355
Female	Ages 25 to 29	131	728	682	57	449	2,048
Female	Ages 30 to 34	392	3,928	2,877	302	1,825	9,325
Female	Ages 35 to 39	445	6,063	2,916	497	2,657	12,578
Female	Ages 40 to 44	264	4,735	1,297	393	1,984	8,673
Female	Ages 45 to 49	55	654	162	69	227	1,167
Female	Ages 50 to 54	5	35	6	6	13	65
Female	Ages 55 and Over	1	2	1	1	2	7
Female	All Ages	1,330	16,246	8,048	1,340	7,263	34,228
Male	Under Age 18	0	0	0	4	0	4
Male	Ages 18 to 24	4	0	2	14	5	25
Male	Ages 25 to 29	18	2	11	7	7	44
Male	Ages 30 to 34	80	2	77	23	49	231
Male	Ages 35 to 39	112	4	94	35	81	327
Male	Ages 40 to 44	64	3	53	31	60	211
Male	Ages 45 to 49	28	1	25	13	27	93
Male	Ages 50 to 54	9	0	8	9	12	39
Male	Ages 55 and Over	5	0	4	6	5	19
Male	All Ages	321	11	273	142	245	993
Subtotal	Subtotal	1,651	16,257	8,321	1,482	7,509	35,220
Total Claims Cost - 2027						
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.1 M	$0.2 M
Female	Ages 25 to 29	$0.0 M	$0.6 M	$0.2 M	$0.0 M	$0.3 M	$1.1 M
Female	Ages 30 to 34	$0.1 M	$3.4 M	$0.8 M	$0.2 M	$1.7 M	$6.2 M
Female	Ages 35 to 39	$0.1 M	$5.5 M	$0.9 M	$0.3 M	$3.2 M	$10.0 M
Female	Ages 40 to 44	$0.0 M	$4.8 M	$0.5 M	$0.3 M	$3.4 M	$9.1 M
Female	Ages 45 to 49	$0.0 M	$0.6 M	$0.1 M	$0.0 M	$0.3 M	$1.0 M
Female	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$0.2 M	$15.0 M	$2.5 M	$0.9 M	$9.0 M	$27.6 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.1 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 35 to 39	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.0 M	$0.0 M	$0.1 M	$0.1 M	$0.0 M	$0.3 M
Subtotal	Subtotal	$0.3 M	$15.0 M	$2.6 M	$1.0 M	$9.0 M	$27.8 M

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Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Commercial Market (Individual, Small Group, Large Group)

Commercial Health Plan Market						
	Infertility Diagnosis	**ART**	**NART**	**Fertility Preservation**	**Fertility Medication**	**All Fertility Benefits**
Projection Year 2024						
Total Utilization Per Year - 2024						
Female	Under Age 18	2	4	0	4	3	15
Female	Ages 18 to 24	111	242	214	42	203	811
Female	Ages 25 to 29	669	2,955	2,271	311	1,487	7,693
Female	Ages 30 to 34	2,063	15,782	9,482	1,624	6,017	34,969
Female	Ages 35 to 39	1,926	20,528	8,061	2,186	7,391	40,092
Female	Ages 40 to 44	1,150	16,122	3,715	1,737	5,551	28,275
Female	Ages 45 to 49	211	2,044	389	277	617	3,539
Female	Ages 50 to 54	20	108	14	25	34	201
Female	Ages 55 and Over	5	10	1	4	6	26
Female	All Ages	6,158	57,795	24,148	6,211	21,310	115,622
Male	Under Age 18	0	0	1	4	0	5
Male	Ages 18 to 24	12	0	5	26	5	49
Male	Ages 25 to 29	123	7	62	38	22	251
Male	Ages 30 to 34	537	8	419	124	165	1,252
Male	Ages 35 to 39	625	17	407	156	222	1,427
Male	Ages 40 to 44	376	12	244	127	166	925
Male	Ages 45 to 49	130	2	95	45	60	333
Male	Ages 50 to 54	41	0	31	33	28	133
Male	Ages 55 and Over	30	1	17	26	13	86
Male	All Ages	1,873	46	1,281	578	682	4,460
Subtotal	Subtotal	8,032	57,841	25,428	6,789	21,992	120,082
Total Claims Cost - 2024						
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.2 M	$0.1 M	$0.0 M	$0.1 M	$0.4 M
Female	Ages 25 to 29	$0.1 M	$2.2 M	$0.6 M	$0.2 M	$0.9 M	$4.1 M
Female	Ages 30 to 34	$0.4 M	$12.4 M	$2.7 M	$1.4 M	$5.8 M	$22.7 M
Female	Ages 35 to 39	$0.4 M	$17.0 M	$2.3 M	$1.8 M	$9.6 M	$31.2 M
Female	Ages 40 to 44	$0.2 M	$14.4 M	$1.2 M	$1.1 M	$9.7 M	$26.6 M
Female	Ages 45 to 49	$0.0 M	$1.5 M	$0.1 M	$0.2 M	$0.7 M	$2.6 M
Female	Ages 50 to 54	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$1.2 M	$47.8 M	$7.0 M	$4.7 M	$26.9 M	$87.7 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.2 M
Male	Ages 35 to 39	$0.1 M	$0.1 M	$0.1 M	$0.1 M	$0.0 M	$0.3 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.0 M	$0.1 M	$0.0 M	$0.2 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.2 M	$0.1 M	$0.3 M	$0.3 M	$0.1 M	$0.9 M
Subtotal	Subtotal	$1.4 M	$47.9 M	$7.3 M	$5.0 M	$27.0 M	$88.6 M

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Exhibit 3c
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Commercial Market (Individual, Small Group, Large Group)

		Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	All Fertility Benefits
**Commercial Health Plan Market**							

Projection Year 2025

Total Utilization Per Year - 2025

		Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	All Fertility Benefits
Female	Under Age 18	2	5	0	5	3	16
Female	Ages 18 to 24	113	271	229	45	219	877
Female	Ages 25 to 29	685	3,313	2,431	333	1,601	8,364
Female	Ages 30 to 34	2,104	17,698	10,150	1,739	6,479	38,170
Female	Ages 35 to 39	1,964	23,020	8,629	2,340	7,959	43,912
Female	Ages 40 to 44	1,177	18,079	3,977	1,860	5,977	31,071
Female	Ages 45 to 49	216	2,292	417	297	665	3,887
Female	Ages 50 to 54	21	121	15	27	36	220
Female	Ages 55 and Over	5	11	1	4	7	28
Female	All Ages	6,288	64,813	25,849	6,649	22,946	126,544
Male	Under Age 18	0	0	1	4	0	5
Male	Ages 18 to 24	12	0	5	28	6	52
Male	Ages 25 to 29	125	8	66	41	23	263
Male	Ages 30 to 34	549	9	445	132	178	1,312
Male	Ages 35 to 39	639	18	432	167	239	1,496
Male	Ages 40 to 44	385	13	260	135	179	972
Male	Ages 45 to 49	133	3	101	48	65	350
Male	Ages 50 to 54	42	1	33	35	30	140
Male	Ages 55 and Over	31	1	18	28	14	91
Male	All Ages	1,917	51	1,360	619	734	4,681
Subtotal	Subtotal	8,205	64,864	27,209	7,268	23,680	131,225

Total Claims Cost - 2025

		Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	All Fertility Benefits
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.2 M	$0.1 M	$0.0 M	$0.1 M	$0.5 M
Female	Ages 25 to 29	$0.1 M	$2.5 M	$0.7 M	$0.3 M	$1.0 M	$4.7 M
Female	Ages 30 to 34	$0.4 M	$14.5 M	$3.0 M	$1.5 M	$6.4 M	$25.8 M
Female	Ages 35 to 39	$0.4 M	$19.8 M	$2.6 M	$2.0 M	$10.7 M	$35.5 M
Female	Ages 40 to 44	$0.2 M	$16.8 M	$1.3 M	$1.2 M	$10.7 M	$30.3 M
Female	Ages 45 to 49	$0.0 M	$1.7 M	$0.1 M	$0.2 M	$0.8 M	$2.9 M
Female	Ages 50 to 54	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$1.3 M	$55.6 M	$7.8 M	$5.3 M	$29.8 M	$99.8 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.1 M	$0.1 M	$0.0 M	$0.2 M
Male	Ages 35 to 39	$0.1 M	$0.1 M	$0.1 M	$0.1 M	$0.0 M	$0.4 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.1 M	$0.1 M	$0.0 M	$0.2 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.2 M	$0.1 M	$0.3 M	$0.3 M	$0.1 M	$1.0 M
Subtotal	Subtotal	$1.4 M	$55.7 M	$8.1 M	$5.6 M	$29.9 M	$100.8 M

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Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Commercial Market (Individual, Small Group, Large Group)

		Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	All Fertility Benefits
Commercial Health Plan Market							
Projection Year 2026							
Total Utilization Per Year - 2026							
Female	Under Age 18	2	5	0	5	3	16
Female	Ages 18 to 24	116	264	228	44	219	871
Female	Ages 25 to 29	698	3,227	2,421	332	1,604	8,281
Female	Ages 30 to 34	2,146	17,235	10,108	1,732	6,491	37,713
Female	Ages 35 to 39	2,003	22,418	8,594	2,331	7,973	43,319
Female	Ages 40 to 44	1,199	17,606	3,961	1,852	5,988	30,606
Female	Ages 45 to 49	220	2,232	415	295	666	3,829
Female	Ages 50 to 54	21	118	15	27	36	217
Female	Ages 55 and Over	5	11	1	4	7	28
Female	All Ages	6,410	63,116	25,743	6,622	22,988	124,880
Male	Under Age 18	0	0	1	4	0	5
Male	Ages 18 to 24	13	0	5	28	6	52
Male	Ages 25 to 29	128	7	66	40	23	265
Male	Ages 30 to 34	559	8	444	132	178	1,321
Male	Ages 35 to 39	651	18	431	166	240	1,506
Male	Ages 40 to 44	392	13	259	135	179	978
Male	Ages 45 to 49	135	2	101	48	65	352
Male	Ages 50 to 54	42	1	33	35	30	141
Male	Ages 55 and Over	31	1	18	28	14	91
Male	All Ages	1,952	50	1,357	617	735	4,711
Subtotal	Subtotal	8,362	63,167	27,100	7,239	23,723	129,591
Total Claims Cost - 2026							
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.2 M	$0.1 M	$0.0 M	$0.1 M	$0.5 M
Female	Ages 25 to 29	$0.2 M	$2.5 M	$0.7 M	$0.3 M	$1.1 M	$4.8 M
Female	Ages 30 to 34	$0.5 M	$14.6 M	$3.1 M	$1.6 M	$6.6 M	$26.4 M
Female	Ages 35 to 39	$0.4 M	$20.1 M	$2.7 M	$2.1 M	$11.0 M	$36.2 M
Female	Ages 40 to 44	$0.2 M	$17.0 M	$1.3 M	$1.3 M	$11.1 M	$30.9 M
Female	Ages 45 to 49	$0.0 M	$1.7 M	$0.1 M	$0.2 M	$0.8 M	$3.0 M
Female	Ages 50 to 54	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$1.4 M	$56.2 M	$8.1 M	$5.4 M	$30.7 M	$101.8 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Male	Ages 30 to 34	$0.0 M	$0.0 M	$0.1 M	$0.1 M	$0.0 M	$0.2 M
Male	Ages 35 to 39	$0.1 M	$0.1 M	$0.1 M	$0.1 M	$0.0 M	$0.4 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.1 M	$0.1 M	$0.0 M	$0.2 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.2 M	$0.1 M	$0.3 M	$0.4 M	$0.1 M	$1.1 M
Subtotal	Subtotal	$1.5 M	$56.4 M	$8.4 M	$5.8 M	$30.8 M	$102.9 M

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Exhibit 3c
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Commercial Market (Individual, Small Group, Large Group)

Commercial Health Plan Market		Infertility Diagnosis	ART	NART	Fertility Preservation	Fertility Medication	All Fertility Benefits
Projection Year 2027							
Total Utilization Per Year - 2027							
Female	Under Age 18	2	5	0	5	3	16
Female	Ages 18 to 24	118	257	227	44	219	865
Female	Ages 25 to 29	710	3,135	2,409	330	1,606	8,190
Female	Ages 30 to 34	2,189	16,744	10,059	1,724	6,498	37,214
Female	Ages 35 to 39	2,043	21,778	8,553	2,320	7,982	42,675
Female	Ages 40 to 44	1,220	17,104	3,942	1,843	5,994	30,103
Female	Ages 45 to 49	224	2,168	413	294	667	3,767
Female	Ages 50 to 54	21	115	15	27	36	213
Female	Ages 55 and Over	5	11	1	4	7	28
Female	All Ages	6,533	61,316	25,619	6,590	23,012	123,070
Male	Under Age 18	0	0	1	4	0	5
Male	Ages 18 to 24	13	0	5	28	6	52
Male	Ages 25 to 29	130	7	66	40	24	267
Male	Ages 30 to 34	569	8	445	131	178	1,331
Male	Ages 35 to 39	663	18	432	166	240	1,518
Male	Ages 40 to 44	399	13	259	134	179	985
Male	Ages 45 to 49	138	2	101	48	65	354
Male	Ages 50 to 54	43	0	33	35	30	141
Male	Ages 55 and Over	32	1	18	28	14	92
Male	All Ages	1,987	49	1,359	614	736	4,745
Subtotal	Subtotal	8,521	61,365	26,977	7,204	23,748	127,815
Total Claims Cost - 2027							
Female	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	Ages 18 to 24	$0.0 M	$0.2 M	$0.1 M	$0.0 M	$0.1 M	$0.5 M
Female	Ages 25 to 29	$0.2 M	$2.6 M	$0.7 M	$0.3 M	$1.1 M	$4.8 M
Female	Ages 30 to 34	$0.5 M	$14.8 M	$3.2 M	$1.6 M	$6.8 M	$26.9 M
Female	Ages 35 to 39	$0.5 M	$20.2 M	$2.8 M	$2.1 M	$11.3 M	$36.9 M
Female	Ages 40 to 44	$0.3 M	$17.1 M	$1.4 M	$1.3 M	$11.4 M	$31.5 M
Female	Ages 45 to 49	$0.0 M	$1.7 M	$0.2 M	$0.2 M	$0.9 M	$3.0 M
Female	Ages 50 to 54	$0.0 M	$0.1 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Female	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Female	All Ages	$1.4 M	$56.7 M	$8.4 M	$5.6 M	$31.6 M	$103.8 M
Male	Under Age 18	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 18 to 24	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 25 to 29	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Male	Ages 30 to 34	$0.1 M	$0.0 M	$0.1 M	$0.1 M	$0.0 M	$0.2 M
Male	Ages 35 to 39	$0.1 M	$0.1 M	$0.1 M	$0.1 M	$0.0 M	$0.4 M
Male	Ages 40 to 44	$0.0 M	$0.0 M	$0.1 M	$0.1 M	$0.0 M	$0.2 M
Male	Ages 45 to 49	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.1 M
Male	Ages 50 to 54	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	Ages 55 and Over	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M	$0.0 M
Male	All Ages	$0.2 M	$0.1 M	$0.3 M	$0.4 M	$0.1 M	$1.1 M
Subtotal	Subtotal	$1.6 M	$56.8 M	$8.7 M	$6.0 M	$31.7 M	$104.9 M

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Appendix B: ICD-10 Diagnosis Codes and Drug Classes for Identifying Target Patient Populations and Project Costs

STEP 1: IDENTIFY POPULATION WITH EVIDENCE OF INFERTILITY OR FERTILITY PRESERVATION SERVICES

ICD-10 Diag Codes	Description	Infertility Diagnosis	Fertility Preservation
N468	Other male infertility	1	0
N469	Male infertility, unspecified	1	0
N970	Female infertility associated with anovulation	1	0
N971	Female infertility of tubal origin	1	0
N972	Female infertility of uterine origin	1	0
N978	Female infertility of other origin	1	0
N979	Female infertility, unspecified	1	0
N980	Infection associated with artificial insemination	1	0
N981	Hyperstimulation of ovaries	1	0
N982	Comp of attempt introduce of fertilized ovum fol in vitro	1	0
N983	Comp of attempted introduction of embryo in embryo transfer	1	0
N988	Other complications associated with artificial fertilization	1	0
N989	Complication associated with artificial fertilization, unsp	1	0
O0900	Suprvsn of preg w history of infertility, unsp trimester	1	0
O0901	Suprvsn of preg w history of infertility, first trimester	1	0
O0902	Suprvsn of preg w history of infertility, second trimester	1	0
O0903	Suprvsn of preg w history of infertility, third trimester	1	0
O09811	Suprvsn of preg rslt from assisted reprodctv tech, first tri	1	0
O09812	Suprvsn of preg rslt from assist reprodctv tech, second tri	1	0
O09813	Suprvsn of preg rslt from assisted reprodctv tech, third tri	1	0
O09819	Suprvsn of preg rslt from assisted reprodctv tech, unsp tri	1	0
Z3141	Encounter for fertility testing	1	0
Z317	Enctr for pro 26gmt. and counseling for gestational carrier	1	0
Z3181	Encounter for male factor infertility in female patient	1	0
Z3183	Encounter for assisted reprodctv fertility procedure cycle	1	0
Z3184	Encounter for fertility preservation procedure	0	1
Z3189	Encounter for other procreative management	1	0
Z52810	Egg (Oocyte) donor under age 35, anonymous recipient	1	0
Z52811	Egg (Oocyte) donor under age 35, designated recipient	1	0
Z52812	Egg (Oocyte) donor age 35 and over, anonymous recipient	1	0
Z52813	Egg (Oocyte) donor age 35 and over, designated recipient	1	0
Z52819	Egg (Oocyte) donor, unspecified	1	0

STEP 2: CREATE EPISODES OF CARE

ICD-10 Diag Codes	Description	Fertility Preservation	ART	NART
N980	Infection associated with artificial insemination	0	0	1
N982	Comp of attempt introduce of fertilized ovum fol in vitro	0	1	0
N983	Comp of attempted introduction of embryo in embryo transfer	0	1	0
Z317	Enctr for pro mgmt and counseling for gestational carrier	0	1	0
Z3183	Encounter for assisted reprodctv fertility procedure cycle	0	1	0
Z3184	Encounter for fertility preservation procedure	1	0	0
Z52810	Egg (Oocyte) donor under age 35, anonymous recipient	0	1	0
Z52811	Egg (Oocyte) donor under age 35, designated recipient	0	1	0
Z52812	Egg (Oocyte) donor age 35 and over, anonymous recipient	0	1	0
Z52813	Egg (Oocyte) donor age 35 and over, designated recipient	0	1	0
Z52819	Egg (Oocyte) donor, unspecified	0	1	0

STEP 3: ASSIGN BENEFIT CATEGORY

Note:

(1) – Claims with infertility testing procedure code must also have infertility diagnosis code from Step 1 if it is a claim outside an episode window.

ICD-10 Diag Codes	Description	Fertility Preservation	Infertility Testing [1]
Z3141	Encounter for fertility testing	0	1
Z3162	Encounter for fertility preservation counseling	1	0

Appendix C: ICD-10 Procedure Codes and HCPCS for Identifying Target Patient Populations and Project Costs

STEP 1: IDENTIFY POPULATION WITH EVIDENCE OF INFERTILITY OR FERTILITY PRESERVATION SERVICES

Codes	Code Type	Description	Infertility Diagnosis	Fertility Preservation
58321	HCPCS	Artificial insemination	1	0
58322	HCPCS	Artificial insemination	1	0
58323	HCPCS	Sperm washing	1	0
58970	HCPCS	Retrieval of oocyte	1	0
58974	HCPCS	Transfer of embryo	1	0
58976	HCPCS	Transfer of embryo	1	0
76948	HCPCS	Echo guide ova aspiration	1	0
89250	HCPCS	Cultr oocyte/embryo <4 days	1	0
89251	HCPCS	Cultr oocyte/embryo <4 days	1	0
89253	HCPCS	Embryo hatching	1	0
89254	HCPCS	Oocyte identification	1	0
89255	HCPCS	Prepare embryo for transfer	1	0
89257	HCPCS	Sperm identification	1	0
89258	HCPCS	Cryopreservation embryo(s)	1	0
89259	HCPCS	Cryopreservation sperm	0	1
89260	HCPCS	Sperm isolation simple	1	0
89261	HCPCS	Sperm isolation complex	1	0
89264	HCPCS	Identify sperm tissue	0	1
89268	HCPCS	Insemination of oocytes	1	0
89272	HCPCS	Extended culture of oocytes	1	0
89280	HCPCS	Assist oocyte fertilization	1	0
89281	HCPCS	Assist oocyte fertilization	1	0
89290	HCPCS	Biopsy oocyte polar body	1	0
89291	HCPCS	Biopsy oocyte polar body	1	0
89300	HCPCS	Semen analysis w/huhner	1	0
89321	HCPCS	Semen anal sperm detection	1	0
89325	HCPCS	Sperm antibody test	1	0
89329	HCPCS	Sperm evaluation test	1	0
89330	HCPCS	Evaluation cervical mucus	1	0
89335	HCPCS	Cryopreserve testicular tiss	0	1
89337	HCPCS	Cryopreservation oocyte(s)	0	1
89342	HCPCS	Storage/year embryo(s)	1	0
89343	HCPCS	Storage/year sperm/semen	0	1
89344	HCPCS	Storage/year reprod tissue	0	1
89346	HCPCS	Storage/year oocyte(s)	0	1
89352	HCPCS	Thawing cryopresrved embryo	1	0

Codes	Code Type	Description	Infertility Diagnosis	Fertility Preservation
89353	HCPCS	Thawing cryopresrved sperm	1	0
89354	HCPCS	Thaw cryoprsvrd reprod tiss	0	1
89356	HCPCS	Thawing cryopresrved oocyte	0	1
0058T	HCPCS	Cryopreservation ovary tiss	0	1
0059T	HCPCS	Cryopreservation oocyte	0	1
0087T	HCPCS	Sperm eval hyaluronan	1	0
0253U	HCPCS	Rprdtve med rna gen prfl 238	1	0
0255U	HCPCS	Andrology infertility assmt	1	0
0357T	HCPCS	Cryopreservation oocyte(s)	0	1
0664T	HCPCS	Don hysterectomy open cdvr	1	0
0665T	HCPCS	Don hysterectomy open liv	1	0
0666T	HCPCS	Don hysterectomy laps liv	1	0
0667T	HCPCS	Don hysterectomy rcp uter	1	0
G0027	HCPCS	Semen analysis	1	0
Q0115	HCPCS	Post-coital mucous exam	1	0
S3655	HCPCS	Antisperm antibodies test	1	0
S4011	HCPCS	IVF package	1	0
S4013	HCPCS	Compl GIFT case rate	1	0
S4014	HCPCS	Compl ZIFT case rate	1	0
S4015	HCPCS	Complete IVF nos case rate	1	0
S4016	HCPCS	Frozen IVF case rate	1	0
S4017	HCPCS	IVF canc a stim case rate	1	0
S4018	HCPCS	F EMB trns canc case rate	1	0
S4020	HCPCS	IVF canc a aspir case rate	1	0
S4021	HCPCS	IVF canc p aspir case rate	1	0
S4022	HCPCS	Asst oocyte fert case rate	1	0
S4023	HCPCS	Incompl donor egg case rate	1	0
S4025	HCPCS	Donor serv IVF case rate	1	0
S4026	HCPCS	Procure donor sperm	1	0
S4027	HCPCS	Store prev froz embryos	1	0
S4028	HCPCS	Microsurg epi sperm asp	1	0
S4030	HCPCS	Sperm procure init visit	0	1
S4031	HCPCS	Sperm procure subs visit	0	1
S4035	HCPCS	Stimulated IUI case rate	1	0
S4037	HCPCS	Cryo embryo transf case rate	1	0
S4040	HCPCS	Monit store cryo embryo 30 d	1	0
S4042	HCPCS	Ovulation mgmt per cycle	1	0
3E0P3Q0	ICD-10-PCS	Introduce Autol Fertilized Ovum in Fem Reprod, Perc	1	0
3E0P3Q1	ICD-10-PCS	Introduce Nonaut Fertilized Ovum in Fem Reprod, Perc	1	0
3E0P7Q0	ICD-10-PCS	Introduce Autol Fertilized Ovum in Fem Reprod, Via Opening	1	0
3E0P7Q1	ICD-10-PCS	Introduce Nonaut Fertilized Ovum in Fem Reprod, Via Opening	1	0

Codes	Code Type	Description	Infertility Diagnosis	Fertility Preservation
8E0ZXY1	ICD-10-PCS	In Vitro Fertilization	1	0

STEP 2: CREATE EPISODES OF CARE

Codes	Code Type	Description	Fertility Preservation	ART	NART
58321	HCPCS	Artificial insemination	0	0	1
58322	HCPCS	Artificial insemination	0	0	1
58323	HCPCS	Sperm washing	0	0	1
58970	HCPCS	Retrieval of oocyte	0	1	0
58974	HCPCS	Transfer of embryo	0	1	0
58976	HCPCS	Transfer of embryo	0	1	0
76948	HCPCS	Echo guide ova aspiration	0	1	0
89250	HCPCS	Cultr oocyte/embryo <4 days	0	1	0
89251	HCPCS	Cultr oocyte/embryo <4 days	0	1	0
89253	HCPCS	Embryo hatching	0	1	0
89254	HCPCS	Oocyte identification	0	1	0
89255	HCPCS	Prepare embryo for transfer	0	1	0
89258	HCPCS	Cryopreservation embryo(s)	0	1	0
89259	HCPCS	Cryopreservation sperm	1	0	0
89260	HCPCS	Sperm isolation simple	0	0	1
89261	HCPCS	Sperm isolation complex	0	0	1
89268	HCPCS	Insemination of oocytes	0	1	0
89272	HCPCS	Extended culture of oocytes	0	1	0
89280	HCPCS	Assist oocyte fertilization	0	1	0
89281	HCPCS	Assist oocyte fertilization	0	1	0
89290	HCPCS	Biopsy oocyte polar body	0	1	0
89291	HCPCS	Biopsy oocyte polar body	0	1	0
89335	HCPCS	Cryopreserve testicular tiss	1	0	0
89337	HCPCS	Cryopreservation oocyte(s)	1	1	0
89352	HCPCS	Thawing cryopresrved embryo	0	1	0
89353	HCPCS	Thawing cryopresrved sperm	0	0	1
89354	HCPCS	Thaw cryoprsvrd reprod tiss	1	0	0
89356	HCPCS	Thawing cryopresrved oocyte	1	1	0
0058T	HCPCS	Cryopreservation ovary tiss	1	0	0
0059T	HCPCS	Cryopreservation oocyte	1	1	0
0357T	HCPCS	Cryopreservation oocyte(s)	1	1	0
S4011	HCPCS	IVF package	0	1	0
S4013	HCPCS	Compl GIFT case rate	0	1	0
S4014	HCPCS	Compl ZIFT case rate	0	1	0
S4015	HCPCS	Complete IVF nos case rate	0	1	0
S4016	HCPCS	Frozen IVF case rate	0	1	0
S4017	HCPCS	IVF canc a stim case rate	0	0	1
S4018	HCPCS	F EMB trns canc case rate	0	1	0

Codes	Code Type	Description	Fertility Preservation	ART	NART
S4020	HCPCS	IVF canc a aspir case rate	0	1	0
S4021	HCPCS	IVF canc p aspir case rate	0	1	0
S4022	HCPCS	Asst oocyte fert case rate	0	1	0
S4023	HCPCS	Incompl donor egg case rate	0	1	0
S4025	HCPCS	Donor serv IVF case rate	0	1	0
S4026	HCPCS	Procure donor sperm	0	0	1
S4030	HCPCS	Sperm procure init visit	1	0	0
S4031	HCPCS	Sperm procure subs visit	1	0	0
S4035	HCPCS	Stimulated IUI case rate	0	0	1
S4037	HCPCS	Cryo embryo transf case rate	0	1	0
S4042	HCPCS	Ovulation mgmt per cycle	0	0	1
3E0P3Q0	ICD-10-PCS	Introduce Autol Fertilized Ovum in Fem Reprod, Perc	0	1	0
3E0P3Q1	ICD-10-PCS	Introduce Nonaut Fertilized Ovum in Fem Reprod, Perc	0	1	0
3E0P7Q0	ICD-10-PCS	Introduce Autol Fertilized Ovum in Fem Reprod, Via Opening	0	1	0
3E0P7Q1	ICD-10-PCS	Introduce Nonaut Fertilized Ovum in Fem Reprod, Via Opening	0	1	0
8E0ZXY1	ICD-10-PCS	In Vitro Fertilization	0	1	0

STEP 3: ASSIGN BENEFIT CATEGORY

Note:

(1) – Claims with infertility testing procedure code must also have infertility diagnosis code from Step 1 if it is a claim outside an episode window.

Codes	Code Type	Description	Fertility Preserv.	ART	NART	Infertility Testing [1]
10005	HCPCS	Fna Bx W/Us Gdn 1St Les	0	0	0	1
10006	HCPCS	Fna Bx W/Us Gdn Ea Addl	0	0	0	1
10021	HCPCS	Fna bx w/o img gdn 1st les	0	0	0	1
54500	HCPCS	Biopsy of testis	0	0	0	1
54505	HCPCS	Biopsy of testis	0	0	0	1
54800	HCPCS	Biopsy of epididymis	0	0	0	1
55200	HCPCS	Incision of sperm duct	0	0	0	1
55300	HCPCS	Prepare sperm duct x-ray	0	0	0	1
55400	HCPCS	Repair of sperm duct	0	0	0	1
55870	HCPCS	Electroejaculation	0	0	0	1
58100	HCPCS	Biopsy of uterus lining	0	0	0	1
58340	HCPCS	Catheter for hysterography	0	0	0	1
58345	HCPCS	Reopen fallopian tube	0	0	0	1
58350	HCPCS	Reopen fallopian tube	0	0	0	1
58540	HCPCS	Revision of uterus	0	0	0	1
58555	HCPCS	Hysteroscopy dx sep proc	0	0	0	1
58900	HCPCS	Biopsy of ovary(s)	0	0	0	1
74440	HCPCS	X-ray male genital tract	0	0	0	1

Codes	Code Type	Description	Fertility Preserv.	ART	NART	Infertility Testing [1]
74740	HCPCS	X-ray female genital tract	0	0	0	1
74742	HCPCS	X-ray fallopian tube	0	0	0	1
76700	HCPCS	Us exam abdom complete	0	0	0	1
76705	HCPCS	Echo exam of abdomen	0	0	0	1
76830	HCPCS	Transvaginal us non-ob	0	0	0	1
76831	HCPCS	Echo exam uterus	0	0	0	1
76856	HCPCS	Us exam pelvic complete	0	0	0	1
76857	HCPCS	Us exam pelvic limited	0	0	0	1
76870	HCPCS	Us exam scrotum	0	0	0	1
76872	HCPCS	Us transrectal	0	0	0	1
76942	HCPCS	Echo guide for biopsy	0	0	0	1
76998	HCPCS	Us guide intraop	0	0	0	1
80400	HCPCS	Acth stimulation panel	0	0	0	1
80402	HCPCS	Acth stimulation panel	0	0	0	1
80406	HCPCS	Acth stimulation panel	0	0	0	1
80412	HCPCS	CRH stimulation panel	0	0	0	1
80414	HCPCS	Testosterone response panel	0	0	0	1
80415	HCPCS	Tot Estradiol Response Panel	0	0	0	1
80418	HCPCS	Pituitary evaluation panel	0	0	0	1
80426	HCPCS	Gonadotropin hormone panel	0	0	0	1
80428	HCPCS	Growth hormone panel	0	0	0	1
80438	HCPCS	TRH stimulation panel	0	0	0	1
80439	HCPCS	TRH stimulation panel	0	0	0	1
81220	HCPCS	Cftr gene com variants	0	0	0	1
81221	HCPCS	Cftr gene known fam variants	0	0	0	1
81222	HCPCS	Cftr gene dup/delet variants	0	0	0	1
81223	HCPCS	Cftr gene full sequence	0	0	0	1
81224	HCPCS	Cftr gene intron poly t	0	0	0	1
81228	HCPCS	Cytog alys chrml abnr cgh	0	0	0	1
81229	HCPCS	Cytog alys chrml abnr snpcgh	0	0	0	1
81240	HCPCS	F2 gene	0	0	0	1
81241	HCPCS	F5 gene	0	0	0	1
81255	HCPCS	Hexa gene	0	0	0	1
81291	HCPCS	Mthfr gene	0	0	0	1
81370	HCPCS	Hla i & ii typing lr	0	0	0	1
81400	HCPCS	Mopath procedure level 1	0	0	0	1
81403	HCPCS	Mopath procedure level 4	0	0	0	1
81406	HCPCS	Mopath procedure level 7	0	0	0	1
82024	HCPCS	Assay of acth	0	0	0	1
82157	HCPCS	Assay of androstenedione	0	0	0	1
82397	HCPCS	Chemiluminescent assay	0	0	0	1
82626	HCPCS	Dehydroepiandrosterone	0	0	0	1
82670	HCPCS	Assay Of Total Estradiol	0	0	0	1

Codes	Code Type	Description	Fertility Preserv.	ART	NART	Infertility Testing [1]
82671	HCPCS	Assay of estrogens	0	0	0	1
82672	HCPCS	Assay of estrogen	0	0	0	1
82679	HCPCS	Assay of estrone	0	0	0	1
82757	HCPCS	Assay of semen fructose	0	0	0	1
83001	HCPCS	Assay of gonadotropin (fsh)	0	0	0	1
83002	HCPCS	Assay of gonadotropin (lh)	0	0	0	1
83003	HCPCS	Assay growth hormone (hgh)	0	0	0	1
83498	HCPCS	Assay of progesterone 17-d	0	0	0	1
83499	HCPCS	Assay of progesterone 20-	0	0	0	1
83519	HCPCS	Ria nonantibody	0	0	0	1
83520	HCPCS	Immunoassay quant nos nonab	0	0	0	1
84144	HCPCS	Assay of progesterone	0	0	0	1
84146	HCPCS	Assay of prolactin	0	0	0	1
84233	HCPCS	Assay of estrogen	0	0	0	1
84234	HCPCS	Assay of progesterone	0	0	0	1
84270	HCPCS	Assay of sex hormone globul	0	0	0	1
84402	HCPCS	Assay of free testosterone	0	0	0	1
84403	HCPCS	Assay of total testosterone	0	0	0	1
84443	HCPCS	Assay thyroid stim hormone	0	0	0	1
84702	HCPCS	Chorionic gonadotropin test	0	0	0	1
84703	HCPCS	Chorionic gonadotropin assay	0	0	0	1
84830	HCPCS	Ovulation tests	0	0	0	1
85300	HCPCS	Antithrombin iii activity	0	0	0	1
85301	HCPCS	Antithrombin iii antigen	0	0	0	1
85302	HCPCS	Clot inhibit prot c antigen	0	0	0	1
85303	HCPCS	Clot inhibit prot c activity	0	0	0	1
85305	HCPCS	Clot inhibit prot s total	0	0	0	1
85306	HCPCS	Clot inhibit prot s free	0	0	0	1
86038	HCPCS	Antinuclear antibodies	0	0	0	1
86039	HCPCS	Antinuclear antibodies (ANA)	0	0	0	1
86146	HCPCS	Beta-2 glycoprotein antibody	0	0	0	1
86147	HCPCS	Cardiolipin antibody ea ig	0	0	0	1
86148	HCPCS	Anti-phospholipid antibody	0	0	0	1
86255	HCPCS	Fluorescent antibody screen	0	0	0	1
86256	HCPCS	Fluorescent antibody titer	0	0	0	1
86277	HCPCS	Growth hormone antibody	0	0	0	1
86357	HCPCS	Nk cells total count	0	0	0	1
88182	HCPCS	Cell marker study	0	0	0	1
88184	HCPCS	Flowcytometry/ tc 1 marker	0	0	0	1
88185	HCPCS	Flowcytometry/tc add-on	0	0	0	1
88187	HCPCS	Flowcytometry/read 2-8	0	0	0	1
88188	HCPCS	Flowcytometry/read 9-15	0	0	0	1
88189	HCPCS	Flowcytometry/read 16 & >	0	0	0	1

Codes	Code Type	Description	Fertility Preserv.	ART	NART	Infertility Testing [1]
88245	HCPCS	Chromosome analysis 20-25	0	0	0	1
88248	HCPCS	Chromosome analysis 50-100	0	0	0	1
88249	HCPCS	Chromosome analysis 100	0	0	0	1
88261	HCPCS	Chromosome analysis 5	0	0	0	1
88262	HCPCS	Chromosome analysis 15-20	0	0	0	1
88263	HCPCS	Chromosome analysis 45	0	0	0	1
88264	HCPCS	Chromosome analysis 20-25	0	0	0	1
88271	HCPCS	Cytogenetics dna probe	0	0	0	1
88272	HCPCS	Cytogenetics 3-5	0	0	0	1
88273	HCPCS	Cytogenetics 10-30	0	0	0	1
88274	HCPCS	Cytogenetics 25-99	0	0	0	1
88275	HCPCS	Cytogenetics 100-300	0	0	0	1
88280	HCPCS	Chromosome karyotype study	0	0	0	1
88283	HCPCS	Chromosome banding study	0	0	0	1
88285	HCPCS	Chromosome count additional	0	0	0	1
88289	HCPCS	Chromosome study additional	0	0	0	1
88291	HCPCS	Cyto/molecular report	0	0	0	1
89257	HCPCS	Sperm identification	0	0	0	1
89264	HCPCS	Identify sperm tissue	1	0	0	0
89300	HCPCS	Semen analysis w/huhner	0	0	0	1
89310	HCPCS	Semen analysis w/count	0	0	0	1
89320	HCPCS	Semen anal vol/count/mot	0	0	0	1
89321	HCPCS	Semen anal sperm detection	0	0	0	1
89322	HCPCS	Semen anal strict criteria	0	0	0	1
89325	HCPCS	Sperm antibody test	0	0	0	1
89329	HCPCS	Sperm evaluation test	0	0	0	1
89330	HCPCS	Evaluation cervical mucus	0	0	0	1
89331	HCPCS	Retrograde ejaculation anal	0	0	0	1
89342	HCPCS	Storage/year embryo(s)	0	1	0	0
89343	HCPCS	Storage/year sperm/semen	1	0	0	0
89344	HCPCS	Storage/year reprod tissue	1	0	0	0
89346	HCPCS	Storage/year oocyte(s)	1	0	0	0
89398	HCPCS	Unlisted reprod med lab proc	0	0	0	1
93975	HCPCS	Vascular study	0	0	0	1
93976	HCPCS	Vascular study	0	0	0	1
96040	HCPCS	Genetic counseling 30 min	0	0	0	1
0087T	HCPCS	Sperm eval hyaluronan	0	0	0	1
0167U	HCPCS	Chornc gonadotropin hcg ia	0	0	0	1
0253U	HCPCS	Rprdtve med rna gen prfl 238	0	0	0	1
0255U	HCPCS	Andrology infertility assmt	0	0	0	1
0568T	HCPCS	Intro mix saline&air f/ssg	0	0	0	1
G0027	HCPCS	Semen analysis	0	0	0	1
Q0115	HCPCS	Post-coital mucous exam	0	0	0	1

Codes	Code Type	Description	Fertility Preserv.	ART	NART	Infertility Testing [1]
S0265	HCPCS	Genetic counsel 15 mins	0	0	0	1
S3655	HCPCS	Antisperm antibodies test	0	0	0	1
S4027	HCPCS	Store prev froz embryos	0	1	0	0
S4028	HCPCS	Microsurg epi sperm asp	0	0	1	0
S4030	HCPCS	Sperm procure init visit	0	0	1	0
S4031	HCPCS	Sperm procure subs visit	0	0	1	0
S4040	HCPCS	Monit store cryo embryo 30 d	0	1	0	0

Appendix D: Fertility Medications

Note:

(1) – Non-fertility-specific medications are only included if it is a claim within an episode window. Otherwise, the list of included medications should be limited to fertility-specific medications only.

Drug Class	Drug Name	Fertility Specific [1]
Androgens	ANDRODERM	0
Androgens	ANDROGEL 100	0
Androgens	ANDROGEL 162	0
Androgens	ANDROGEL PUMP 100	0
Androgens	ANDROGEL PUMP 162	0
Androgens	FORTESTA	0
Androgens	TESTIM	0
Androgens	TESTOSTERONE (ANDROGEL 100)	0
Androgens	TESTOSTERONE (AXIRON)	0
Androgens	TESTOSTERONE (FORTESTA)	0
Androgens	TESTOSTERONE (TESTIM)	0
Androgens	TESTOSTERONE 162	0
Androgens	VOGELXO	0
Androgens	VOGELXO PUMP	0
Antineoplastic Hormonal Agents - Female	ANASTROZOLE	0
Antineoplastic Hormonal Agents - Female	FEMARA	0
Antineoplastic Hormonal Agents - Female	LETROZOLE	0
Antineoplastic Hormonal Agents - Non-Gender Specific	HYDROXYPROGESTERONE CAPROATE	0
Antiparkinson Agents	BROMOCRIPTINE MESYLATE	0
Biguanides	GLUCOPHAGE	0
Biguanides	GLUCOPHAGE XR	0
Biguanides	METFORMIN HCL	0
Biguanides	METFORMIN HCL (RIOMET)	0
Biguanides	METFORMIN HCL ER	0
Biguanides	METFORMIN HCL ER (GLUMETZA)	0
Biguanides	METFORMIN HYDROCHLORIDE	0
Biguanides	METFORMIN HYDROCHLORIDE ER	0
Bulk Chemicals - Compounds	NORETHINDRONE	0
Diagnostic Drugs	FACTREL	0
Estrogen Combinations	ESTRADIOL/NORETHINDRONE ACETATE	0
Estrogen Combinations	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	0
Estrogens	ESTRACE	0
Fertility Regulators	BRAVELLE	1
Fertility Regulators	CHORIONIC GONADOTROPIN	0
Fertility Regulators	CHORIONIC GONADOTROPIN W/DILUENT	0
Fertility Regulators	CLOMID	1
Fertility Regulators	CLOMIPHENE CITRATE	1
Fertility Regulators	FOLLISTIM AQ	1

Drug Class	Drug Name	Fertility Specific [1]
Fertility Regulators	GONAL-F	1
Fertility Regulators	GONAL-F RFF	1
Fertility Regulators	GONAL-F RFF PEN	1
Fertility Regulators	GONAL-F RFF REDIJECT	1
Fertility Regulators	HCG	0
Fertility Regulators	LUVERIS	1
Fertility Regulators	MENOPUR	1
Fertility Regulators	NOVAREL	0
Fertility Regulators	OVIDREL	1
Fertility Regulators	PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	0
Fertility Regulators	REPRONEX	1
Fertility Regulators	SEROPHENE	1
Glucocorticosteroids	DEXAMETHASONE	0
GnRH/LHRH Antagonists	CETROTIDE	1
GnRH/LHRH Antagonists	GANIRELIX ACETATE	1
Growth Hormones	OMNITROPE	0
LHRH/GnRH Agonist Analog Pituitary Suppressants	SYNAREL	0
Progestin Contraceptives - Oral	NORETHINDRONE	0
Progestins	MEDROXYPROGESTERONE ACETATE	0
Progestins	NORETHINDRONE ACETATE	0
Progestins	PROGESTERONE	0
Progestins	PROGESTERONE MICRONIZED	0
Progestins	PROGESTERONE MICRONIZED (SOY)	0
Progestins	PROGESTERONE MICRONIZED (YAM)	0
Progestins	PROMETRIUM	0
Progestins	PROVERA	0
Prolactin Inhibitors	CABERGOLINE	0
Prolactin Inhibitors	DOSTINEX	0

Appendix E: Flowchart of Methodology

Step 1: Identify Population With Evidence of Infertility or Fertility Preservation Services
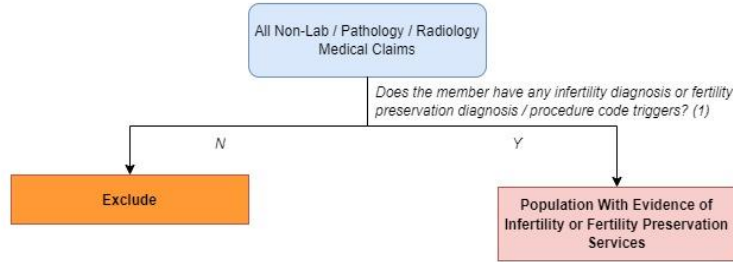
(1) At least two infertility diagnoses on separate service dates are required to be included in the target population. Otherwise, only one infertility diagnosis procedure code / fertility preservation diagnosis code / fertility preservation procedure code is required to be included in the target population. Please refer to Appendix B and C for the full list of codes used.

Step 2: Create Episodes of Care and Assign Benefit Category
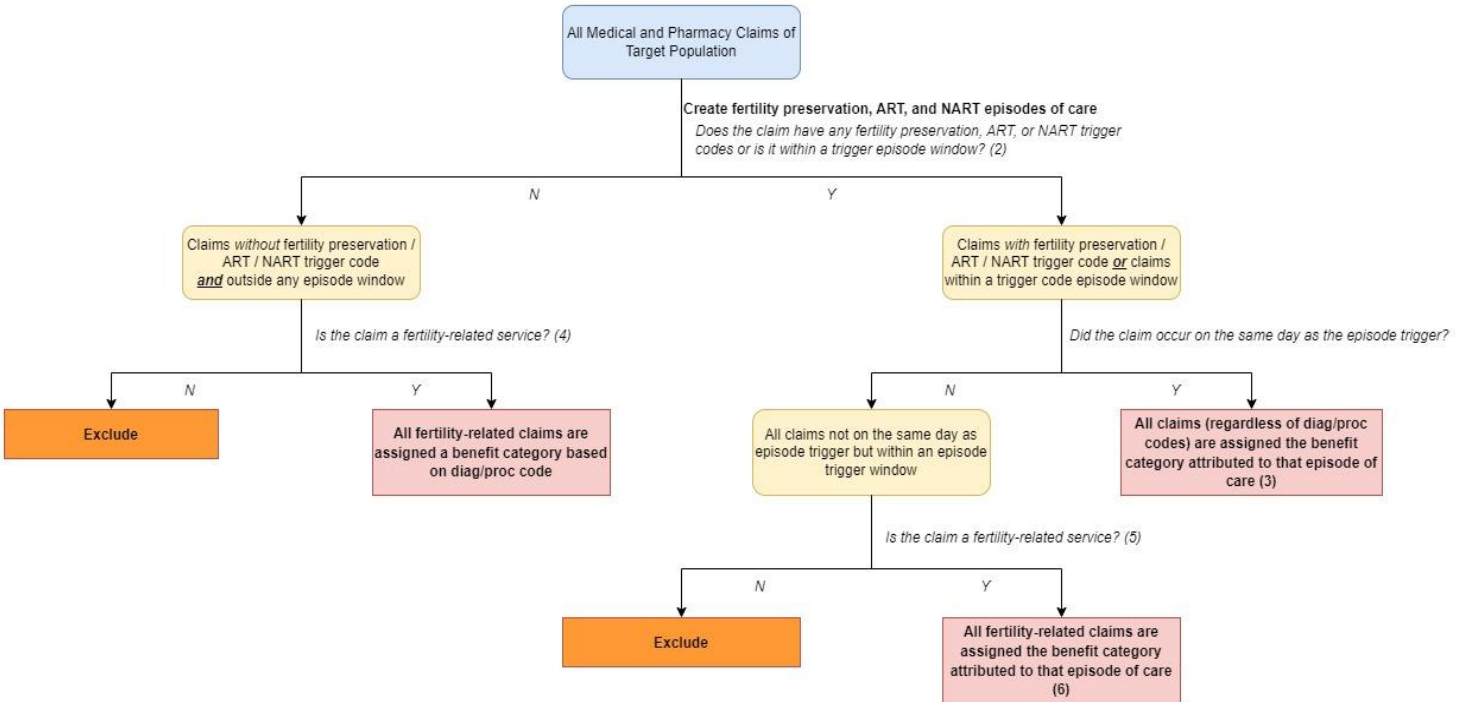
(2) A "trigger" episode is identified by a trigger non-lab/pathology, non-radiology diagnosis code or a trigger procedure code. Each episode window extends 30 days prior to 30 days following the date of the trigger code. If episodes of the _same type_ overlap, the episode window is extended such that it is 30 days prior to the first episode type trigger and 30 days following the last episode type trigger. This overlap rule means some episode windows will extend longer than 60 days. Please refer to Appendix B and C for the full list of trigger codes used.
(3) If episodes of different types overlap, the whole overlapping extended window is assigned to a benefit category according to the following hierarchy:
- Fertility preservation
- ART
- NART
(4) Fertility-related services are services related to fertility preservation, ART / NART services that may occur outside an episode window, fertility diagnostic testing, and fertility medication specific to infertility treatment. Fertility diagnostic testing is only included if it has an infertility diagnosis code. Please refer to Appendix B, C, and D for the full list of codes used.
(5) Fertility-related services are services related to fertility diagnostic testing, ART / NART services, fertility preservation, and fertility medication. Note that all fertility medication is included, even if they have other uses. Given these medications are observed within an episode window, it is assumed that non-fertility-specific medication is used to support ART, NART, and fertility preservation episodes. Please see Appendix B, C, and D for full list of codes used. For claims within an episode window, there are two main differences:
- infertility diagnosis codes are not required for infertility testing codes
- all fertility medication is included, even if they have other non-fertility-specific uses
(6) Fertility medications are assigned to the Fertility Medication benefit category and not the benefit category attributed to the episode of care.

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Appendix F: RESOLVE Benefit Category Descriptions

August 2nd, 2022

Subject: Actuarial analysis of mandated insurance coverage of fertility treatment

Dear Ms. Beyer and Ms. Fliss,

On behalf of the Washington State Building Families Coalition and RESOLVE: The National Infertility Association, I am writing to thank you for your ongoing work to facilitate an actuarial study of the utilization rates and costs associated with enacting mandated insurance coverage of the diagnosis and treatment of infertility. As the national association advocating for people struggling to build their families, RESOLVE has worked in many states to reduce the financial burden of accessing infertility treatment by requiring insurance coverage. We are appreciative that Washington State has committed to study the costs and benefits associated with instituting mandated coverage.

As a result of our participation over the years in numerous actuarial studies across different states, we have found some specific data points to be helpful for policy makers as well as identified some common pitfalls. Data has shown utilization is dependent, not only on cost, but also on demographic variables. Therefore, we respectfully recommend when analyzing historical data from other states, emphasis be given to states with demographics comparable to Washington, and utilization be examined pre and post mandate.

As Milliman proceeds with the analysis on cost and potential utilization rates attributed to the individual, small group, and large group plans, in addition to the PEBB, SEBB, and Medicaid plans, we respectfully suggest the utilization rates and costs associated with the following services be individually identified:

1. Infertility diagnostics accepted as standard of care.

2. Non-Assisted Reproductive Technology treatments (*e.g.*, ovulation induction and/or intrauterine insemination).

3. Assisted Reproductive Technologies (ART) (*e.g.*, in vitro fertilization, considering separately the cost of IVF retrieval cycles with or without fresh embryo transfer, versus frozen embryo transfers, which have significantly differential costs. Please note adjunct ART treatments such as intracytoplasmic sperm injection are not universally applied in clinical practice to all cycles. Preimplantation screening testing for embryo aneuploidy (PGT-A) as well as preimplantation genetic testing for genetic carrier (PGT-M or PGT-SR) should also be considered.

4. Use of donor gametes (donor sperm, donor oocytes and/or donor embryos).

5. Medical costs associated with gestational surrogacy.

6. Fertility preservation for patients at risk for medically induced (iatrogenic) infertility including oocyte, embryo, sperm and ovarian tissue cryopreservation.

It is our experience that having these individual utilization rates and their associated costs enable legislators to craft better policy and make better informed decisions about scope of coverage. In addition to itemizing the costs and utilization rates of the above services, it is also important to consider data from other states that show insurance coverage results in lower rates of multiple births and higher level of maternal and infant health. These positive outcomes result in lower health care costs across all sectors.

Thank you again for working on this important analysis. RESOLVE and health professional organizations such as the American Society for Reproductive Medicine have significant data from multiple states and a network of patients and content experts who are available to provide information that may be helpful. We would be open to having a meeting with the Office of Insurance Commissioner and Health Care Authority to share our experiences, perspectives, and resources. Please do not hesitate to reach out to us if we can be of any assistance.

Sincerely,

Betsy Campbell
Chief Engagement Officer
RESOLVE: The National Infertility Association